Oral Hygiene

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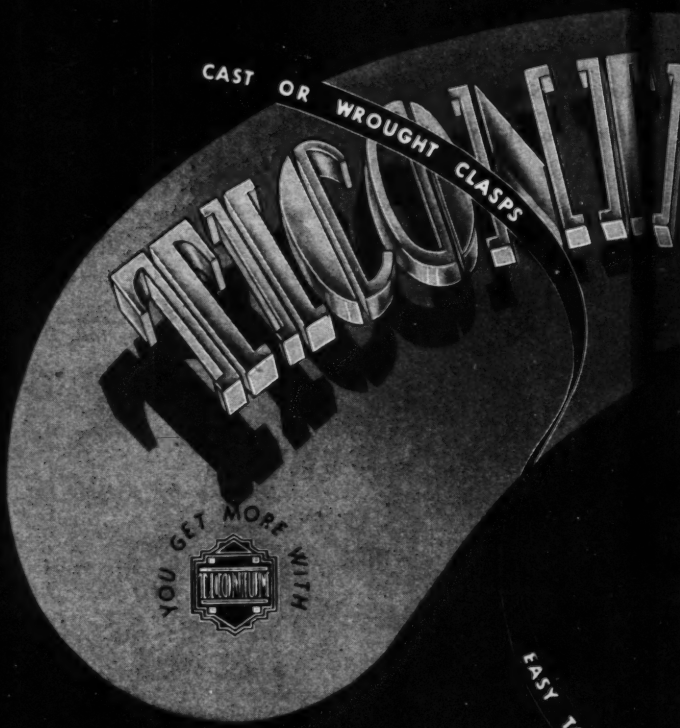
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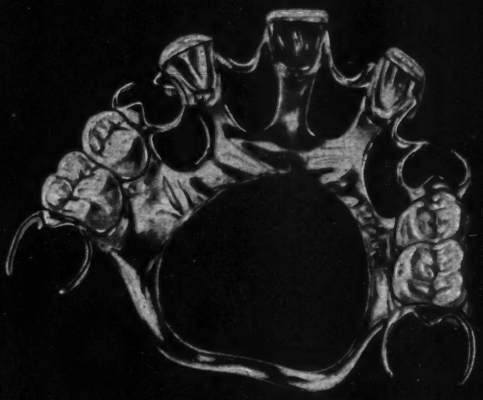


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413 NORTH PEARL S

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ALBANY, NEW YORK

ABORATORY NEAR YOU

Significant results from
important clinical investigation showed

95% of GINGIVITIS CASES IMPROVED IN 30 DAYS!

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THERE ARE NO HARSH ABRASIVES IN FORHAN'S

Forhan's *with massage*

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4/6

Picture of the Month



THIS FLYING Australian dentist is shown extracting a tooth on a large cattle ranch far inland in Australia. The patient is an aborigine whose entire family enjoys watching the dental operation. The duties of a flying dentist include not only emergency calls but also routine itinerant dental service. There is virtually no place in Australia that is not visited by the Aerial Medical Service which operates from six bases covering a territory larger than Europe. The inhabitants of the Australian bush country send out emergency calls on shortwave radio sending sets scattered throughout the back country. Planes bring the physician or the dentist into the wilderness, or transport the patient to one of the Service's hospitals.—*Authenticated News Photograph.*

Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.



The railroad stations were by far the most ideal places to talk to people.

DENTISTS—
Meet The People

By ROBERT H. BRENING, D.D.S.

HAVING BEEN away from the civilian practice of dentistry for three and a half years, I felt that it might be interesting to determine the layman's attitude at present toward the dental profession and dental care. It was my feeling that hearing the average layman express his point of view might be a valuable aid to the returning dental veteran in converting from the military to the civilian practice of dentistry.

How then to meet these people to hear their opinions? A number of ways of getting answers to questions were considered. It was decided that the frankest answers from a representative cross section of the public could be obtained by the "inquiring reporter" type of interview.

Assuming the role of an "inquiring reporter" was most enlightening. Conceptions expressed and answers given to queries were indeed direct and sometimes even embarrassing to a member of the profession. In the first interviews I introduced myself as a dentist, and it soon became evident that the answers to my questions were influenced by deference to my profession. To obtain a freer expres-

A dentist-reporter interviews patients to find out what they really think about their dentists and dentistry.

sion of opinion I decided to approach the public as a research worker for a business survey. It seemed that while the average person was reluctant to discuss and criticize dentistry with a dentist, he was more willing to do so with a fellow non-professional.

An interesting sidelight on speaking to people about dental subjects was presented early in the venture. It was evident that acceptable or intelligent interviews could not be conducted in an atmosphere of hurry and bustle. Unlike the rapid-fire answers given the daily newspapers' inquiring reporter to everyday questions, I found that people *like to discuss* their dental views over a considerable length of time. In an atmosphere of semi-quiet or removed from the hurry of crowds, people enjoy talking about dentistry almost as much as they do their "operations."

Travelers Best Subjects

After the first futile attempts to engage people in conversation in places such as the State Street stores, elevated stations, and in the streets, I discovered that it was impossible to compete with a shopper's army, and retreated to less intense surroundings. Restaurants, cocktail lounges, hotel lobbies, were found to be excellent locales for questioning, but the railroad stations were by far the most ideal places to talk to people. With the long waiting periods imposed because of disrupted train schedules during the rush of military traffic, people had time to waste and almost all were willing to act as subjects for interviews.

In interviewing people, I allowed each person to tell his story in his own way, although for my purpose, it was necessary to guide the discussion by asking certain key questions. Questions that were proposed included the following:

"Do you visit a dentist regularly?"

"Have you changed dentists recently, and if you have, what was the reason for your changing?"

"Would a plan for health insurance that included dental care be acceptable to you?"

After proposing these questions and discussing dentistry with a number of persons, another question suggested itself, and I added:

"Are you satisfied with your present dentist?"

Answers to those questions were intensely interesting, and I must confess, were not all that an idealist might expect. However, as this article deals only with the generalization of meeting people, a later article will direct attention to the individual answers.

The ability to converse along dental channels in a reasonably intelligent manner, is, strangely enough, not confined to the "upper

class" bracket. I was surprised at some profound expressions that were forthcoming from persons who might appear as indigents. While some of the people interviewed were guilty of misconceptions, the misinformed were divided evenly, according to my observation, among all classes.

Dental Misconceptions

One of the misconceptions that I considered to be significant centered about two dentists' findings in one patient's mouth. According to the patient interviewed, he visited a dentist in Chicago for a "cleaning and checkup." On completion of the dental examination he was warned by the dentist that he had twelve cavities. The patient, feeling that the finding was exaggerated, excused himself from the dentist's office on the pretense of returning later. Bewildered, he visited an "old timer" in his home town at his next visit home, and the dentist there advised him that he had but *six* cavities. Naturally, the patient felt a closer allegiance to his home-town practitioner, and it was evident to me that he felt that the dentist he visited in the city "was just trying to find something to work on." I like to think this case is a typical misconception—where perhaps the variance in number of "cavities" discovered was a case of the first dentist, sincere in his practice, choosing to do his dentistry in a preventive manner, while the second dentist was concerned only with treating the grossly apparent carious lesions. At any rate, the important factor was the feeling of the patient that he had been ill-used. It is apparent that this misunderstanding could have been avoided by the first dentist *explaining* his findings on the basis of his practicing preventive dentistry. It comes to mind that, tired as we may become of constantly repeating and explaining to patients our reasons for individual findings and operations, repetition *is* the one answer to keeping the patient advised and educated.

Another case of misconception was revealed by a man who apparently had been in failing health over the past few years, while at the same time undergoing the transition within his mouth from natural teeth to artificial dentures. Over a period of a year and a half, he had three sets of complete dentures constructed—none of them satisfactory. This man was particularly dissatisfied with his denture experience as he had been "charged for every set too." I wondered at the time of the interview if the dentist hadn't explained the hazards accompanying the construction of dentures for patients in ill health. Here again, a period of discussion and instruction for the patient might have prevented a dire result.

I recount these cases of misconceptions only because it appears that once again it may be necessary to review our system of dental education and publicity for our patients, whether it be general pre-

sentation to the public by means of motion pictures or written material, or whether it is done in the office by the individual practitioner. It occurred to me that general presentation for people might be more effective if planned in a different manner for individual classes or age groups. Certainly the lofty approach used to reach an "upper middle-class" person, is not acceptable for the underprivileged man. It is evident that either he doesn't read such a presentation, or the message falls on deaf ears because the language is too stilted for his understanding. It came to my mind, also, that the semi-humorous approach used in the Navy for malaria and epidemic control featuring the character "Snafu" in animated movie "shorts," might be the key to acceptable dental publicity. In reexamining our methods of dental publicity, it might be well to include such things as humorous cartoons of the "Walt Disney type" in presenting a dental story to the younger person. Certainly, one type of dental advertising or publicity does not reach "all hands."

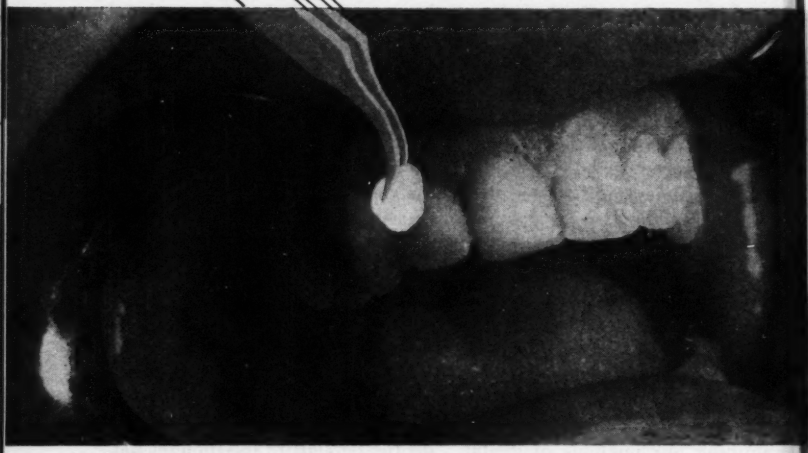
The majority of men interviewed in the younger age group—from 20 to 30 years of age—were almost all either in the Service or recently discharged. Many of those in this bracket exhibited more than passive interest in dental problems. It has been my experience that men living close together as they do in military life develop consciousness of their fellowman's problems. It was not uncommon to have one man's loss of teeth bring his tent mates into the dental office voluntarily with the statement, "I don't want to lose my teeth the way Smith is losing his." Whether it was this close living together, or the occasional dental "training film" shown at the battalion movie that stimulated the GI's interest in dentistry, is hard to say. However, we did notice an increase in numbers of volunteer patients presenting at the dental clinics following these educational films. Perhaps this could be termed *good dental publicity*.

From my interviews with the public I am convinced that a public relations program is as important for dentistry as for any other institution or business. Good public relations demand that the dentist be alert to the thought patterns and the reactions of his actual and his potential patients. He must go out of his way to correct misconceptions whether they arise in the dental office or among the people he meets socially. The dentist may be an excellent technician, but unless he is able to transfer his skills to meet human wishes and human desires he will not be a successful dentist. The suggestion "Dentists—Meet the People" is to urge you to go into the "highways and byways" and find out what the public expects and hopes to receive from dentists.

4917 *North Hoyne Avenue*
Chicago 25

NaF

Fluorine treatments retard the development of rampant caries and offer relief for sensitive gingivae.



Improve Your Practice With Fluorine Therapy

By R. REED SMITH, D.D.S.

"DOCTOR, did you say six new cavities? Why I never had that many before in six months! Isn't there some way to stop teeth from decaying so fast? I'll be glad when I can have them all extracted!"

How many times has a patient, plagued by recurrent caries, expressed himself in this manner in your office? Did you say that the patient should brush his teeth better? Or perhaps you mentioned a low carbohydrate diet with a taboo on "cokes" and candy. Per-

haps you suggested precipitating silver nitrate between the posterior teeth. Possibly fluorine was mentioned as the hopeful prospect for better teeth sometime in the future.

Modern dentistry is not to be satisfied by the mere replacement of diseased areas of teeth with restorations. We want to do more than that. We want to prevent caries. No amount of preaching on toothbrushing or diet will convince a patient that he should deviate from his established habits, at least not for long. Therefore, the only way to practice preventive dentistry is by treatment in the dental office. The medication? *Fluorine.*

The reports on the topical application of sodium fluoride to children's teeth show that the incidence of new caries can be reduced by forty to fifty per cent. This is a blessing to dentists who do not enjoy pediodontia, but have a great many children among their patients. Every cavity prevented in a child patient leaves more time for the more lucrative adult dentistry.

Treatment for Children

I start topical fluorine therapy on the child immediately on his first visit. The teeth are pumiced to remove all plaques and accretions. Then one quadrant of the mouth is isolated and the teeth are blown dry with warm air. A cotton pellet is saturated with the fluoride solution. The solution is applied to all surfaces of the teeth, pumping it well into pits, fissures, and embrasures. The teeth are then blown dry. After the whole mouth is treated, the patient is allowed to rinse. This treatment is given on three successive days.

Children are happy to think they are evading the dreaded "drill," and become better patients. Parents are pleased to think that the dentist is able to combat caries and save them trips to the dental office with their children. The fee for this service can be rather lucrative.

The child is given a fluorine treatment at each semiannual visit. As the permanent teeth erupt, they are given individual treatments. I feel this procedure is especially warranted during orthodontic treatments for children. Teeth scarred with lesions by orthodontia bands are no credit to any practitioner.

Fluorine therapy in adults is not as effective as in children for two reasons:

1. Most of the susceptible areas have been restored.
2. The caries attack rate has diminished.

Sensitive Areas

Adults present a problem, however, not found in children; namely, recession of the gingival tissues resulting from toothbrush trauma, age, infections, and other causes. Remember how many times a patient has seated himself in your chair, and said, "Doctor,

my teeth hurt along the gum line, especially when I brush them." The patient locates the area with a finger, and looks to you for a diagnosis and a cure. Or in many cases he demands that the teeth be extracted at once as the spasms of pain he suffers from cold drinks, sweets, hot foods, or a sudden mouthful of cold air, are causing him too much discomfort. Again fluorine can come to the rescue.

Fluorine has received so much publicity as a means of retarding dental caries that the obtunding properties of the drug have been eclipsed by the more sensational speculations on its ability to reduce caries. The usefulness of a concentrated fluorine paste when applied to sensitive areas on teeth is truly astonishing. There is no staining of the teeth or cauterization of the gingivae. Many of us have used silver nitrate for such treatments. However, the unsightly stain made such use prohibitive on anterior teeth. If the results were negligible, perhaps we resorted to formalin. If this failed, we had to place a restoration.

Desensitizing Treatment

I find a fluorine desensitizing paste a valuable adjunct to the medication tray. The method of use is as follows:

1. The area is isolated and thoroughly dried with warm air.

2. A rubber prophylaxis cup is charged with the paste, and, using the slowest engine speed, the paste is burnished into the area for two minutes. Care is taken not to traumatize the gingivae.

3. After two minutes the area is tested for desensitization. If still sensitive, the treatment is continued.

4. After completion, the mouth is well rinsed.

Some patients report that the initial application is slightly painful, but the pain disappears rapidly. In some instances several treatments are necessary to obtain complete desensitization, but the majority of the cases are desensitized rather successfully. It is gratifying to patients to find they can be relieved of these sensitive areas without the customary restorations. These treatments last from three months to a year.

I use the fluorine paste on adults, following a prophylaxis, to reduce the sensitivity on the freshly scaled surfaces, and to provide protection against caries. A mouth rinse of diluted topical solution completes the office treatment. For continued fluorine therapy between office treatments, I prescribe a fluorine dentifrice. This dentifrice contains a small amount of soluble fluoride and in my opinion provides some therapy to the enamel of the teeth.

Perhaps some would think that this method of combating caries would lead to fluorine toxicity. However, the absorption of fluorine from topical application has been shown to be nil by competent research men. The office treatment is infrequent and controlled by

the dentist. The dentifrice contains a small amount of fluoride, and dentifrices are rinsed from the mouth at the completion of brushing. Any residue which may be swallowed is rendered inert by the calcium salts in the preparation.

I find fluorine therapy a successful treatment in my practice. It gives hope to the patients and makes them more dental conscious, and thus better patients. Fluorine truly promises to give us a weapon with which to combat tooth decay. The prospects of a comprehensive program to reduce the caries rate in children is now at hand. It is a great stride forward when we as dentists can offer our patients relief from those dreaded restorations, and especially the unsavory prospect of having to place short-lived silicates in the anterior teeth.

Fluorine has at last given us a partial answer to the struggle dentistry has experienced in an effort to find some method of combating dental decay. It promises to do for dental science what the sulfa drugs and penicillin do for medicine.

222 *East Commercial Street*
Springfield, Missouri

AKRON DENTAL SOCIETY ENTERTAINS PROSPECTIVE DENTISTS

To COMBAT the low proportion of dentists to the number of persons in the Akron, Ohio, area, the local dental society recently held a dinner meeting at the Portage Hotel with prospective dental students as guests. Each member of the society invited returned servicemen, high school boys and girls, or college students, who might be interested in dentistry as a profession. Football movies and speeches by Dean Wendell Postle of Ohio State University College of Dentistry and Dean W. L. Wiley of Western Reserve University School of Dentistry made up the program.

In the Akron area there is now approximately one dentist to each 2,857 persons. With the present enrollment in the thirty-nine dental colleges in the country the lowest in history, the situation will be more serious in three or four years, regardless of the dentists returning from Service.—*Akron (Ohio) Beacon Journal.*

New dental program for veterans offers opportunities to dentists seeking career in government service.



General Omar N. Bradley, Administrator of Veterans Affairs. *(Veterans Administration Photo).*



Major General Paul R. Hawley, Acting Surgeon General, Veterans Administration. *(Veterans Administration Photo).*

By GEORGE B. FRITZ

THE VETERANS Administration has been called the largest insurance company in the world. As part of its program to insure the health of America's war veterans, it is launching what promises to become the most comprehensive dental service in history. Its potential source of patients is staggering to contemplate. Of the approximately 20,000,000 veterans of World Wars I and II (including women), an estimated 15,000,000 will sooner or later require some sort of dental or medical treatment which they will be eligible to receive from the government.

Fortunately the Administration, under the aggressive direction of General Omar N. Bradley, is now —for the first time—in an adequate position to handle the job. It received new lifeblood early this year when President Truman signed the bill creating a Veterans Administration Department of Medicine and Surgery, which is authorized to recruit dentists, physicians, and nurses without resorting to the Civil Service system. The new law also clears the road for an ambitious program of expansion, involving higher salaries for dentists, the establishment of dental internships and residencies, and research on a broad scale.

The result is that a new field of opportunity is open both to men

seeking a dental career in government service, and to dentists in private practice who may wish to treat Veterans Administration patients on a fee-for-service basis. The Administration expects to triple its regular dental staff and to refer service on a fee basis to a greatly increased number of practitioners before the end of the year.

At the beginning of 1946, the Administration employed 244 full-time dentists, and had a list of about 2000 men to whom patients could be sent on a fee basis. In prewar years the salaried staff averaged 180 to 190, and few private dentists were used. But by the end of this year, the Administration will probably have more than 650 salaried dentists, and possibly as many as 10,000 participating under a fee arrangement. The ultimate goal is to offer fee service to all ethical dentists who want it.

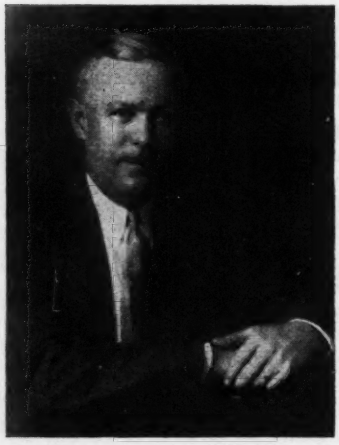
The need for new personnel is indicated by the fast-growing patient-load. For example, in November, 1944, 550 patients were treated at Veterans Administration clinics, receiving dental service valued at $24,000, and 145 were sent to private dentists for treatments valued at $8300. But a year later—in November, 1945—1,004 patients were treated at clinics, receiving care valued at $42,500, while 425 were sent to private dentists for treatments valued at $26,700.

No one can predict the month-by-month increase for 1946, but everyone agree it will be spectacular. Moreover, the *peak* load will not come for many years; some predict it will not come until about 1970. The consensus is that the World War II peak will be seven or eight times higher than the World War I peak, when disbursements totalled $450,000 a month for treatment to outpatients. There are several reasons for this estimate. There are, of course, many more veterans this time. Records are more complete. Dental benefits are more liberal. Today about 80 per cent of all veterans making claims are found eligible for benefits; by contrast, only about 20 per cent of World War I veterans could qualify.

Dental services are offered to

DENTAL SERVICE FOR VETERANS

This, the first of two articles on the dental service of the Veterans Administration, describes opportunities for dentists who may be interested in a career in government service. A second article, to appear next month, will discuss opportunities for private dentists to handle Veterans Administration cases on a fee-for-service basis.—*The Editor.*



Doctor Milburn M. Fowler, acting director of dental service in the Veterans Administration.

five distinct classes of beneficiaries. They are:

1. Neuropsychiatric and tuberculous patients confined in Veterans Administration hospitals, and persons who are not hospitalized, but are unable to carry on a gainful occupation, and therefore domiciled in Veterans homes. These veterans are entitled to sufficient treatment to keep their mouths in hygienic condition and to maintain their health. In practice, this means they are eligible for virtually all types of dental treatment. The service for this group is performed exclusively by salaried dentists.

2. Inpatients in the Administration's general hospitals. They are entitled to dental care for any condition which, in the judgment of hospital authorities, has a direct bearing on the treatment of the ailment for which they are hospitalized. (Such ailment may or may not be service connected.) All treatment is performed by salaried dentists.

3. Disabled veterans enrolled in the government vocational training program at colleges, secondary schools, and in industrial shops. Inaugurated after the first world war, this program is now being revived. These veterans are entitled to treatment for any condition which may interfere with their training. It includes restorations, extractions, denture replacements (full or partial), and other services. In general, the policy is liberal. Service for this group is performed both by salaried men and by private dentists on a fee basis. (Veterans in this group should not be confused with men completing their education under the GI Bill of Rights. The GI measure does not entitle its beneficiaries to dental care.)

4. Outpatient veterans with a definite dental condition incurred or aggravated while in military service. They are entitled to treatment for life. Service is performed both by salaried men and by private dentists.

5. Outpatient veterans who suffer from service-connected physical disabilities and where dental treatment is indicated as a necessary adjunct to medical treatment. Service is performed both by salaried and by private dentists.

How does the Veterans Administration propose to furnish dental care to these millions? Where will it get the necessary professional personnel? What inducements does it offer dentists? First, it offers a more attractive income under the new law. Under Civil Service, the average Veterans Administration dentist earned approximately $4600 a year. Now the average will be somewhat higher. The salary structure is essentially unchanged, but passage of the new bill allows prompt promotions where individually merited; many dentists will be raised in grade. Salaries range from $3,640 to $8,225 as in the accompanying chart. All base salaries are subject to a 5 per cent deduction for retirement benefits. If the dentist resides in accommodations furnished by the Veterans Administration, a nominal rental is also deducted; most dentists, however, have main-

DENTISTS' SALARIES IN THE VETERANS ADMINISTRATION

Grade	*Annual Salary*	*Positions*
Senior	$7,175 - $8,225	Chief, Dental Division—Branch Office.
Intermediate	6,230 - 7,070	Assistant Chief, Dental Division—Branch Office. Chief, Dental Service—Hospital. Chief, Dental Service—Regional Office. Specialists
Full	5,180 - 6,020	Assistant Chief, Dental Service—Hospital. Chief, Dental Service—Hospital. Chief, Dental Service*—Regional Office. Specialists
Associate	4,300 - 5,180	Assistant Chief, Dental Service—Hospital. Assistant Chief, Dental Service—Regional Office. Dentists—Sub-regional Office.
Junior	3,640 - 4,300	Dentists—Hospital. Dentists—Regional and Sub-regional Offices.

*Salary increased with length of service within these limits.

tained their own homes. Dentists are permitted to indicate their preference of location for their initial assignment, but must pay their own transportation expenses. When reassignments are made at the discretion of the Administration, moving costs are paid for dentists and their dependents.

Minimum qualifications for employment demand that the applicant be a citizen, a graduate of an approved dental school, licensed to practice, and able to show a year of active practice or one year of internship prior to application. There are no age limits. At present no written examinations are required; appointments are made on the basis of sworn statements.

Once employed, what kind of professional life can the Veterans Administration dentist expect to lead? If he begins in the lower grades, he will perform routine at-the-chair dentistry under rather close supervision. His service will be somewhat different from that performed by Administration dentists before the war. He will be dealing with younger men who require restorations, crowns, and reparative service in general. Dentists treating World War I veterans, now middle-aged or older, were more concerned with extractions, dentures, and treatment for pyorrhea. For the most part, though, the Veterans Administration dentist will perform much the same kind of service that he would in private practice. He will even have an opportunity to handle some esthetic dentistry. For example, if a disabled veteran enrolled in the vocational training program is studying public speaking, he may be furnished replacements even though the condition was not service connected and even though the missing tooth does not interfere with his health.

As he advances in the organization, the Administration dentist will ordinarily find himself carrying more supervisory and executive duties and performing less at-the-chair dentistry. An exception is the case of specialists, who may be assigned in the higher grades, and who will be concerned primarily with the practice of their specialties.

There are several other factors that the prospective Veterans Administration dentist might consider advantageous. He will be addressed as "Doctor," not by rank. He will not wear a uniform or any other insignia. He will have no overhead expense since the government furnishes all equipment and supplies. Although not a Civil Service employee, he will receive retirement benefits on the same basis as Civil Service.

Postgraduate Courses

With the expansion of operations, the Administration plans to institute a series of postgraduate courses open to all of its salaried dentists. Courses in oral surgery and prosthodontia were established several years ago, but were discontinued during the war. Now



A dental clinic in a Veterans Administration installation.

they are to be revived. A somewhat longer-range plan calls for postgraduate instruction to prepare salaried dentists to become diplomats of whatever specialty boards may be set up by the American Dental Association. Still another plan involves extensive training in plastic surgery; leading men in this field will be invited to help train Administration dentists.

For younger men, dental internships and residences in Veterans Administration hospitals are being mapped. Although details are only now being framed, it is hoped that the program will begin to function sometime this year. A consultant program, involving part-time appointments for certain specialists, is also scheduled to get under way in 1946.

Underlying all future plans is a move toward decentralization. Headquarters in Washington, D. C., is now establishing thirteen branch offices, and greater authority is being delegated to these and to regional and subregional units, both in the approval of treatment and in the recruitment of dentists. For example, dentists seeking appointment in the lower grades may now apply at regional offices and hospitals as well as in Washington. Persons wishing to communicate with the central office should address inquiries to: Chief Medical Director, Veterans Administration, Washington 25, D.C.

With passage of the new bill, the entire dental and medical program is now under the direction of Major General Paul R. Hawley, acting medical director. General Bradley is authorized to appoint

eight assistant medical directors. One of the eight is to be a dental surgeon, who will be directly responsible to General Hawley for the operation of the dental service.

Milburn M. Fowler, D.M.D., is acting director of the dental service. (No permanent appointments had been made as this was written.) He has been with the Administration since 1920.

General Hawley and Doctor Fowler are depending upon demobilized Army and Navy dental officers to meet immediate staff requirements. In the long run, they hope to expand the dental staff through the internship, residency, and consultant program. Expansion is essential. The Administration operates 101 dental clinics today. Officials estimate that more than 200 additional clinics will be needed to fill the dental needs of World War II veterans.

210 *East Parkway*
Baltimore 18, *Maryland*

"DON'TS FOR DENTISTS"

THE MEMBERS of the Dental Assistants Association have griped long and bitterly over their employers' bad behavior and office tactics. Now they come out boldly and list twenty-one irregularities. Ten of the worst offenders are listed below. See if you're guilty.

1. Don't reprimand her about her office work in front of a patient.
2. Don't carry your grouches to the office from the breakfast table.
3. Don't sing or whistle while you operate—even if you imagine you can imitate Bing Crosby.
4. Don't be late every morning.
5. Don't keep asking her questions about an incoming call as soon as she hangs up the receiver.
6. Don't pile up instruments on the tray.
7. Don't slam the laboratory door.
8. Don't "mess up" the appointment book while she is out to lunch.
9. Don't let her be your family's personal shopper.
10. Don't dwell on all your aches and pains to every patient.—*The Journal of the Michigan State Dental Society.*



So You Know Something About Dentistry!



QUIZ XVIII

1. Is hypoplasia of the enamel of the permanent teeth related to prenatal conditions? .....

2. The posterior superior dental nerves supply what teeth with sensory fibers? .....

3. Is a third dentition possible? .....

4. According to the latest census there is one dentist for every: (a) 1000 persons, (b) 3000 persons, (c) 1800 persons in the United States .....

5. True or false? Six per cent of the first permanent molars are lost within six months after eruption .....

6. The coronoid process of the mandible appears as: (a) radiopaque, (b) radiolucent, in the roentgenogram .....

7. Which of these is not found in porcelain? (a) kaolin, (b) sodium chloride, (c) feldspar, (d) silica or quartz? .....

8. Angle's classification of malocclusion is based upon the relationship of what teeth? .....

9. The normal amount of saliva secreted daily is: (a) 3-4 pints, (b) 1-2 pints, (c) 2-3 pints.

10. What is the difference between cohesive gold foil and non-cohesive gold foil? .....

FOR CORRECT ANSWERS SEE PAGE 451








The Human Elements In Denture Service



By CARL O. FLAGSTAD, D.D.S.*

THE DENTIST who can retain his poise when everything seems to go wrong, who can maintain his patience under irritating circumstances, who can smile when he is boiling within, and who can recognize and accept a failure with determination to try again, has the elements of a successful and happy practitioner of dentistry. Denture service frequently tests both dentist and patient to the limit of their patience.

Diagnosis is of first importance and it must be coupled with courage; courage to inform patients honestly; courage to accept responsibility and make decisions; courage to refuse construction where improvement is impossible.

There is no place in the practice of dentistry into which human elements enter to such a great degree as in denture service. Patients are frequently developed into successful or unsuccessful users of dentures by the type of management and attention given them the first few weeks of their experience with artificial teeth. The dentist's best asset in his denture practice is the ability to understand and handle people intelligently. Therefore, we should endeavor to develop a keen insight into human nature and also endeavor to create of ourselves such personalities that we will draw out from our patients the best there is in them in the form of perseverance, cooperation, and faith in our judgments. Until a dentist can accept denture troubles philosophically and can view

*Adapted from a paper presented at a meeting of the Chicago Dental Society.

people, no matter how uninviting their natures, as interesting studies, the solution of which is a pleasurable procedure, he will never know true joy in denture service.

Another problem in denture service in which the patient must assume his full share of the responsibility is the matter of expense. There are many different ways in which this item may cause trouble and disagreeable situations. First, there may be a misunderstanding concerning fees. The proper method for avoiding such a difficulty is to make the cost and terms clear at the outset.

Second, there may arise a necessity for remaking the dentures or reconstructing them in order to secure a desirable result. Who shall pay for such extra costs? It usually falls to the lot of the dentist to absorb this expense, but his fees are so low that they will not permit such overhead. Therefore, he endeavors to make an inferior result serve the purpose; or he antagonizes his patient by suggesting an additional fee; or he remakes the denture at a loss which usually affects his morale and his attitude toward the patient.

Every denture fee should include an item for this kind of overhead so that when a case becomes a problem and a financial liability the cost can be absorbed by the surplus which has been built up for this purpose. The dentist will then approach the problem of reconstruction, breakage, and rebasing in a more pleasant spirit.

Third, there are many cases where the patient's perseverance and finances have been worn thin because, although he has repeatedly had dentures made involving considerable expense, the results have been unsatisfactory. Unless you can see some change in construction which will positively take care of complaints, it is better to present your proposed endeavor as an experimentation and let the patient choose whether it should be undertaken. If he decides to have the denture constructed, then certainly an adequate fee is justifiable and it is the patient's problem to finance the construction. Dentists must learn that it is impossible to serve every prospective denture patient who visits the office. It is better to have your service rejected because you have painted a true picture of possible results than to have it accepted because you have elevated the patient's hopes beyond the possibility of attainment.

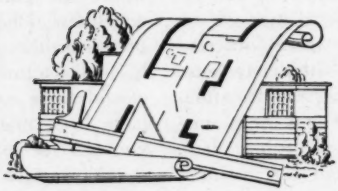
Medical Arts Building
Minneapolis, Minnesota

ORAL HYGIENE AWARD

ROBERT H. BRENING, D.D.S., is the winner of the March ORAL HYGIENE $100 award for his article DENTISTS—MEET THE PEOPLE.

Dentists are offered plans for a distinctive home and offices that are attractive as well as practical.

BUILD YOUR OWN AND LIKE IT



By JEROME SALZMAN, B.S. IN ARCH. ENG.

WOOLWORTH built the tallest building of the time and Wrigley built a tower to let the public know they had something to sell. Dentists, as are other professional men, are ethically bound not to advertise. Furthermore, their operations are not sufficiently extensive to build towers or monuments. Yet there is no reason why they should not build distinctive homes and offices, which would be sufficiently interesting and outstanding in any community so that they would be talked about by the general public.

In the first sketch presented here we had this in mind and designed an efficient office which could fill these requirements. This one-story dental office as shown could be occupied by two dentists, or it could be used for four dentists by converting the private offices into operating rooms. The office shows, in the darker portion, one self-contained unit and the overall sketch indicates a unit for two dentists. This was designed for two dentists who each require one operating room, or for four dentists, each having an operating room but no private office. It is possible to multiply this again for four dentists by merely placing the same offices back to back, which would allow for four operating rooms and four private offices and only one reception room.

This is indeed an elaborate office and yet it is most efficient and would incorporate conveniences so much desired by a dentist. The reception room, and now we are speaking of occupancy by two

dentists, is large and would have the warmth of a fine living room and could still be made businesslike by secretaries' desks and necessary office equipment. Each dentist has an operating room, a laboratory, a dark room, a recovery room and a private bath which can be used without interrupting business in the reception room. He would have complete privacy of going and coming through his private office. Each office is a separate self-contained unit with no direct connection to the other office except for the reception room. Should a dentist like both to live and practice here or maintain quarters for emergencies, the private office and its adjoining rooms could be turned into a bedroom, dinette and kitchen. If a dentist wished to be all alone, yet have something different and elaborate, an office such as this could be built merely by cutting the building through the middle of the vestibule. This could be used as a start, and if he wished either to associate himself with another dentist later on, or to take in a partner, the second half could easily be added at small cost.

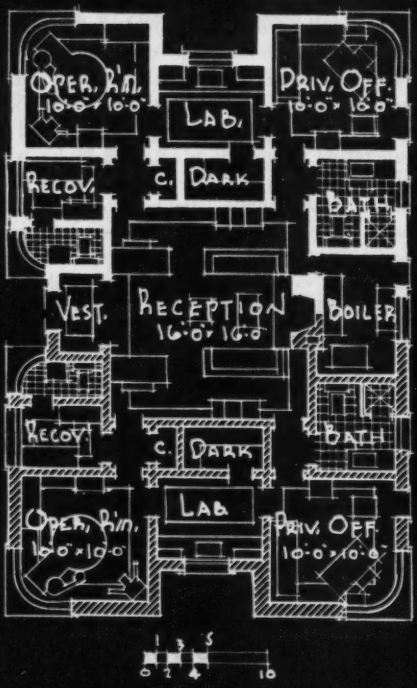
The second sketch is a bungalow office. This is a distinctive structure. In this plan are incorporated many economies which will enable a young dentist of modest income to build. It is a warm, livable house for both him and his wife with all the conveniences and accommodations that he would require in both office and home. The entrance to the office and home are independent of each other, but the office entrance can be serviced by the

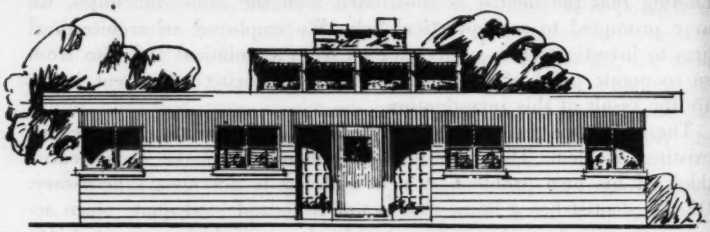
OFFICE PLANNING FOR DENTISTS

The problem of office space and housing has become such a widely discussed topic that ORAL HYGIENE decided to investigate the situation. Finding that the dentist is confronted with the same difficulties, we were prompted to seek practical help. We employed an architectural firm to investigate this subject for us from a technical and also from an economic point of view. The sketches appearing in current issues are the result of this investigation.

These sketches are not intended to be all-inclusive answers to every existing problem. They are presented merely to make each dentist think of his own problem. A new building is not always necessary. Often a dentist has a home that is too large and inadequate office accommodations. In such a case part of his house could be converted into an office.

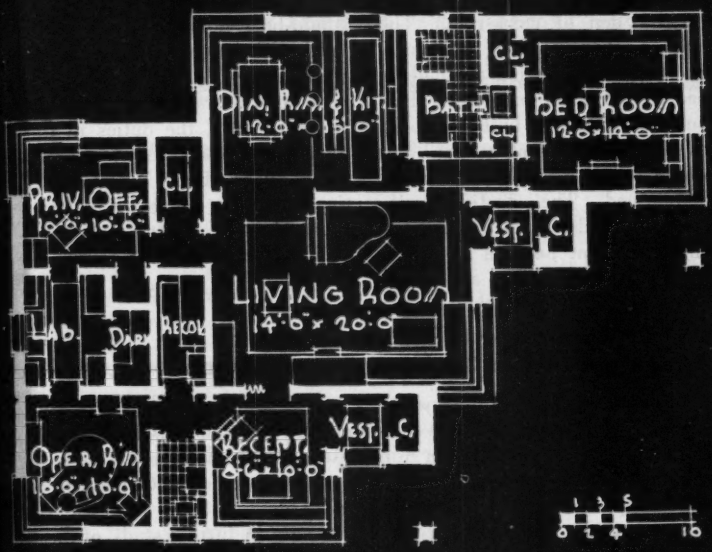
We realize the problem is acute, especially for dentists returning from the armed forces. Our architects have agreed to answer any questions regarding construction or financing, without charge.—*The Editor.*

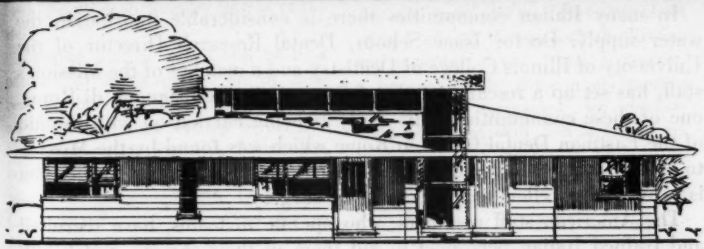




PLAN I

This one-story dental office could be occupied by two dentists; even by four dentists if the private offices were converted into operating rooms.





PLAN II

Many economies are incorporated in this plan which will enable young dentists of modest income to build.

house. The telephone could also be placed in such a position that it could be answered by either the dentist's wife or by household help. The powder room can be used in the daytime by the patients and in the evening by guests. The reception room would make an at-

tractive den or card room. The private office could be used as a guest room by having an inadoor bed in the adjoining closet. This bungalow could be built for about $12,000, at present prices, and would be easily and economically maintained. The dentist's wife could serve also in the capacity of office assistant because the work in such a house, being all on one floor, is light, and the dentist would be at home to look after the yard and garden. With modern conveniences, such as automatic heat thermostatically controlled and air filters, the duties in this bungalow could be cut to a minimum. Such a home could be distinctive in any neighborhood and it would easily pay for itself in the saving of time and energy.

188 *West Randolph Street*
Chicago

ITALIAN MEDICAL NUTRITION MISSION PROVIDES DENTAL CARE

ACCORDING to the preliminary report of The Italian Medical Nutrition Mission, which is operating in Italy under the auspices of the United Nations Relief and Rehabilitation Administration, examinations of the teeth of Italian forced-laborers returning from Germany showed 62 per cent of these people had less than two cavities or missing teeth although few had ever used a toothbrush or had dental care. A further study of these returning forced-laborers is being made and dentists have been assigned to give the dental service required.

In many Italian communities there is considerable fluorine in the water supply. Doctor Isaac Schour, Dental Research Director of the University of Illinois College of Dentistry and a member of the Mission's staff, has set up a research study of fluorosis in Campagnano di Roma, one of these communities. This study is being carried on with the aid of the Eastman Dental Clinic in Rome which was found by the Mission to be operating with a reduced staff. The Clinic is slightly damaged but is providing excellent service in plastic surgery.

The American staff members, who operate in teams, have recruited and trained Italian personnel to aid them in their surveys and health service. Dentists are being made regular members of all teams so that the required dental service may be provided whenever indicated.



Dear Oral Hygiene

Licenses for Veteran-Dentists

I want to congratulate you on your editorial RECIPROCITY FOR VETERANS in the December issue of ORAL HYGIENE.[1] The problem is a difficult one and a good solution is yet to be proposed.

One thought that occurs to me is that a veteran who wants to practice in a state in which he does not have a license might be given an assignment in public health service for a year, or perhaps two, at a suitable salary, during which time he could be supervised and his ability determined. In other words, put it up to the veteran to show that he is as well trained as the dentists who have been recognized by the licensing board of that particular state. At the end of that time, if he is qualified, he could be given the regular license of the state.

I realize that he would still be in a position of being passed on by dentists of that state who might conceivably feel that they wanted to exclude him. However, it would be fairer than requiring him to pass a complete state board examination.—JOHN OPPIE MCCALL, D.D.S., 422 *East 72nd Street, New York* 21.

Dental Supplies for France

I thought you would be interested to know that your publication in the November issue of ORAL HYGIENE of an article[2] on the dental needs of France brought concrete response from two lay people. One, the widow of a dentist, sent us instruments left by her husband; the other, a man apparently not connected in any way with the dental profession, owned over 100 dental instruments which he donated to us. The first contribution came from Rochester, New York, and the second from San Francisco. It seems that ORAL HYGIENE gets around!—NINA ALPER, PUBLICITY DIRECTOR, *Medical and Surgical Relief Committee of America, 420 Lexington Avenue, New York.* 17.

About Laboratory Technicians

Doctor Douglas W. Stephens in his humane and businesslike article, WHO WANTS UNIONS IN DENTISTRY? in the January issue of ORAL HYGIENE, dealt with a subject that is both the lifeline and mainstay of our dental profession.

Because of the division of labor in our age of mechanics, we dentists abandoned the skill and aptitude required for our laboratory procedures. In a short time, our faculties for technical procedures almost atrophied and a good many of us, if not the majority, are helpless without the technician's skill and effort. The laboratory technician almost rules the dental profession's restorative services.

Two ways are open to the profession to cope with this everlooming problem. First, to cooperate with the technician's desire to organize his fellow workers into a union, so that he may

(*Continued on page* 464)

[1]Editorial: Reciprocity for Veterans, ORAL HYGIENE 35:2128 (December) 1945.
[2]Dental Aid Sought for War Devastated Countries, ORAL HYGIENE 35:1926 (November) 1945.

How Can Television Become Dentistry's Greatest Asset?



The public can be educated, through television, to the acceptance of dental treatment as a pleasant necessity for good health.

By GERALD L. ST. MARIE, D.D.S.

CAN YOU imagine being given an invitation to almost every home in the United States, to demonstrate dentistry as a pleasant procedure, and not torture, as it seems to many people?

That is what television can and should do for dentistry, if we are alert and forward-looking. The time to begin investigation along this line is *now*. The television industry is geared up to a high pitch. Millions of dollars have been spent on research alone, and we can share in their ultimate benefits if we choose.

This is what Radio Corporation of America has to say about research: "Not all research is necessarily carried on behind laboratory portals. In a general way research can be broken down into three phases: (1) fundamental research—the uncovering of new principles and their interpretation; (2) advance development engineering—investigation to determine the feasibility of utilizing certain principles to produce either a new kind of apparatus, a new process, or an improvement in an established product or process; and, (3) product engineering—formulating the design of a commercial product into actual specifications so that it may be produced in large quantities and thus made available to many consumers."

It can be seen readily that the television industry is continually striving to better what they already have accomplished. Are we as dentists showing the same ef-

fort in educating the public to the fact that dentistry need not be a nightmare as so often painted in cartoons and demonstrated in jokes?

Dental Films for Telecasting

The dental societies should make films of simple operations on children such as the preparation of a cavity, an insertion of a restoration, the correction of malocclusion; in fact, of all the more pleasant aspects of dentistry. These in turn can be telecast through television. If we can convince children, by the use of television, that the dentist is really their friend and not a monster, how much easier our task will become; and, also, how much more remunerative our practice, to say nothing of the improved health of our future generations.

The local and state societies will be offered the opportunity to acquire time on local television stations. Presentations sponsored by the local and state organizations could be in the form of sustaining programs which should be less expensive than other types.

Each member of the society would be informed when these programs are to be telecast. The dentist, in turn, could inform as many of his patients as practical, by telephone or mail. These patients could tell their neighbors that a program is to be presented for the benefit of their children. It is within the comprehension of the average person to see the possibility of the immense audience the dentist can reach through the use of television.

We, as dentists, have a definite obligation to our patients of tomorrow. We must educate them through television to the fact that dentistry is a necessity which should have pleasant associations. The benefits that dentistry can derive from this form of presentation are unlimited.

62 *North Street*
Ludlow, Massachusetts

REDUCED FEE PRECAUTION

WHENEVER I render a reduced bill, I quote a full charge and then show the deduction. For example:

Surgical services	$500
Less courtesy reduction	100
Balance due	$400

This achieves two purposes: The patient is made to realize what a reasonable full charge amounts to; and if legal collection methods have to be employed later, I am in a position to sue for the full fee instead of for the reduced one.—M. D., California, *Medical Economics.*



Dentists in the News

Cleveland (Ohio) Press: A Cleveland Heights dentist, Doctor Charles C. Taylor, has returned to his dental practice after serving as a Chief Boatswain's Mate with the anti-submarine service of the Coast Guard. While in the Coast Guard, he served on the 110-foot schooner Alvee whose mission was to spot and report Nazi submarines sinking ships within sight of the east coast of the United States.

"One afternoon," Doctor Taylor said in relating his experiences, "the Nazis had gotten into our Norfolk shipping channel and laid new mines behind our minesweepers which were clearing the channel. The mines trapped a convoy and sank one ship."

The Alvee picked up the Nazi submarine with its sound detection equipment only to lose it. Near midnight the schooner gave up hope of locating the Germans. As she turned back a long black hull slipped past her bow. It was the Nazi sub, and the crew could be heard making repairs and recharging the motors. The sub circled the Alvee until morning without attacking and then submerged. Navy destroyers and planes were summoned and the submarine was destroyed.

Detroit (Michigan) News: A Manistee, Michigan, dentist, Doctor Harry Sweetnam, recently returned from a two-week vacation trip to California by air which cost him only $74.96. He and his wife covered 4,834 miles in their own airplane.

"The trip was a glorious success," Doctor Sweetnam said. "We traveled swiftly, comfortably, and cheaply. We were unhurried and avoided the strain that goes with driving an automobile. So far as hazards are concerned, we never were as close to danger as a person is traveling on a highway at high speed.

"Specific information is available, day or night, on temperature, winds, precipitation, clouds, ceilings and forecasts," he said. "You always receive courteous replies, either by telephone or in person."

Mobile (Alabama) Press Register: Doctor H. Marvin McLeod, Jr., found luck with him while he was a Lieutenant in the Naval Dental Corps on duty in the Pacific. On at least two occasions he had narrow escapes with Kamikaze planes. The first time was when a Jap suicide plane struck the dental office aboard the combat transport on which he served. The dental equipment was completely destroyed just one minute and thirty seconds after Doctor McLeod had left the office.

Later Doctor McLeod and six other officers were in the ward room when another suicide plane hit the ship. Only Doctor McLeod and three other occupants of the room escaped.

San Diego (California) Union: A major dental operation was performed at the San Diego zoo on Hari-ki-lash, male baby elephant, after he inadvertently stepped into his moat and plunged head-first to the bottom. Doctor J. C.

Almy Harding, dentist, and Doctor W. W. Myer, veterinarian, found upon examination that a tusk was fractured an inch and a half inside the "gum." The two men then cemented a splinter of the broken tusk back in place and affixed a stainless steel crown to hold it there. Five bags of peanuts were administered during the operation as an "anesthetic."

"Instead of 'Open wider, please,' it was 'Up trunk.' The elephant was an excellent patient," Doctor Harding said in reporting the operation. He believes the tusk will grow out but be about ten inches shorter than the other one.

Lincoln (Nebraska) State Journal: Doctor Ruth Martin, Chairman of the Department of Dentistry for Children and Supervisor of the Children's Dental Clinic at Washington University, St. Louis, pointed out in an address before the District Dental Association that dentistry is an excellent field for women. There are approximately one thousand women practicing dentistry in this country now.

In her address, the subject of which was "The Child Patient," Doctor Martin described many practical cases in advocating early periodic and continuous dental care for children. She stated that the dental health program was found to be of benefit for it was easy to see the difference in the management of a patient who had been trained at school.

Philadelphia (Pennsylvania) Evening Bulletin: When Captain Arthur M. Corn of the Army Dental Corps arrived in this country after months overseas he was carrying a carefully guarded package containing a present for his wife. In his excitement, however, he left the train at the North Philadelphia station without the gift, a silver tea set he had purchased in Winchester, England.

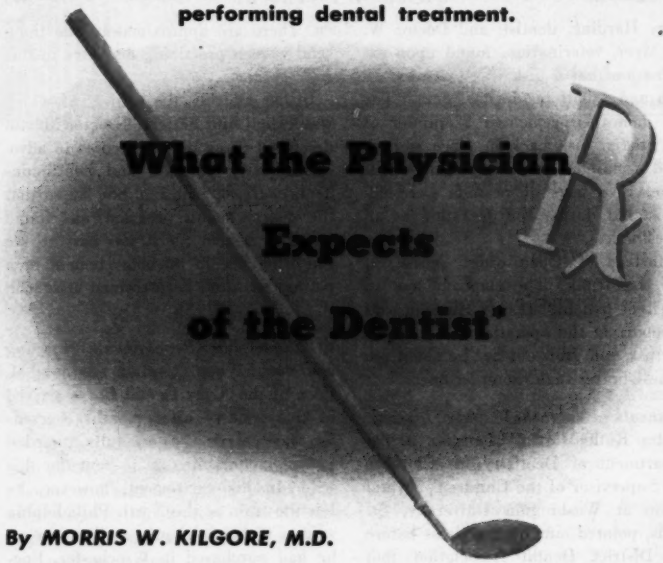
This month's awards for items published in DENTISTS IN THE NEWS have been sent to:

A. COLBURN, 16875 Sussex, Detroit 27.
SERGEANT GERALD WESTREICH, 610 AAF Base Unit, Eglin Field, Florida.
HELEN BROWN, Box 145, Lemon Grove, California.
ALBERT BROWN, 431 East Girard Avenue, Philadelphia 25.
M. B. NEWMAN, D.D.S., 1410 Morris Avenue, New York 56.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Man as a whole must be the dentist's first consideration in performing dental treatment.



What the Physician Expects of the Dentist*

By MORRIS W. KILGORE, M.D.

JUST AS the modern student in medicine is trained to look for and detect dental pathology, even when the complaint is referable to areas far from the mouth, so the student of dentistry must be trained to look routinely for pathology in parts of the body other than the mouth. In all of our diagnostic and reparative service we should strive to consider man as a whole.

I believe that what the physician expects of the dentist can be stated in three principles.

First, a physician expects the dentist to be a dentist. He must be skilled in dental surgery, skilled in the art of molding teeth for replacement, and must have a sincere desire to be of service to the patient as a whole. Just as we expect the surgeon to exercise his highest judgment in the diagnosis of appendicitis, so we demand the highest judgment of the dentist in diagnosing which teeth should be extracted. There are as many or more normal, healthy teeth removed as there are normal, healthy appendices, ovaries, and thyroid glands. It seems to the physician that more time and energy should be given to the care of healthy teeth, and to the prevention and treatment of dental disease, and less to extraction. We believe that the indications for tooth extraction should be more definite

*Condensation of an article published in the *Journal of the Houston District Dental Society*, September, 1945.

and be understood by more of those in the dental profession. The dentist is expected to follow the dictates of recent scientific research, when founded on well-established principles.

Dentist as Physician

Second, the physician expects a dentist to have the point of view of a physician. The dentist who sees his patient only as a tooth is bound to encounter undue difficulty and will expose his patient and the public to undue hazards. The dentist should know the effect of dental disease upon the heart, upon the kidneys, and upon the nervous system and endocrine system. He should be so eager for the welfare of his patient that whenever he finds something that looks suspicious he should insist upon adequate examination by a competent physician.

The physician has a right to expect the dentist to recognize oral pathology whether it influences the teeth or not. The dentist possesses better instruments for thorough examination of the various structures of the mouth, and, having gazed into more mouths than physicians, should be in a better position to distinguish the abnormal from the normal. We insist, therefore, that the dentist be an expert in the diagnosis of abnormalities not only of the teeth, but of the roof of the mouth, the tongue, the mucous membranes of the cheek, pharynx, tonsils, lymph nodes surrounding the mouth with their various ducts emptying into the mouth, and also the lips.

Dental Surgery

The dentist must be informed of the fundamentals of modern surgery. He must be thoroughly grounded in the technique of asepsis, control of bleeding, wound healing, shock and its treatment, the use of drugs in oral surgery. These principles must be adhered to just as closely by the dental surgeon as by the general surgeon.

We expect the dentist to know thoroughly surgical risks. In order to evaluate properly certain risks, the dentist must know something of the physiology of the entire human body. Even with an adequate medical consultation, it is up to the dentist to make the final and complete evaluation as to the risk of dental surgery. No one is adequate to tell the dental surgeon in the final analysis which patients are and are not good surgical risks. The medical consultant is the dentist's servant. As a servant, he should be used frequently and unhesitatingly.

The dentist is expected to be increasingly aware of the newest drugs for the saving and treating of diseased tissue in the oral cavity. Too many normal, healthy teeth are being extracted (prophylactically). Tooth extraction is not prophylaxis; it is destruction. We must learn to prevent the disease of tissue in the mouth, and to treat oral disease before it becomes necessary to resort to extraction.

A proper use of the sulfa drugs and of penicillin will, no doubt, prevent much surgery and heal much of the pathology that is now present in the form of abscesses about the teeth.

Third, the physician expects the dentist to follow the highest ethical standards of the medical profession. I am aware of the short-comings of the medical profession in ridding itself of practitioners of a low ethical standard. But we of the medical profession are also aware of the many practitioners who are adulterating the high standards of the dental profession. The dental profession must be commended, however, for the great advances that have been made in establishing a higher level of professional standing for the entire profession.

There must be a greater spirit of cooperation between the dentist and the physician. To accomplish this we must refer our patients not only to the highly skilled, but to the highly ethical as well. We as physicians insist that the dentist acquaint himself thoroughly with his colleagues in the medical profession and that he refer his patients to those physicians who are not only ethical, but who have a high sense of appreciation of the welfare of the entire patient.

1118 *Eagle Avenue*
Houston 4, Texas

OFFICE TELEPHONE TECHNIQUE

THE FIRST question a telephone caller asks is usually the old time-waster: "Is the doctor in?" I have instructed my office nurse to pretend she does not hear it correctly. Her standard reply is: "Yes, this is Doctor Blank's office," and, without pause, "Who's calling, please?" The person almost invariably gives his name and the purpose of the call. In this way, the importance of the message can be estimated before the nurse commits herself to saying that the "doctor" is in.—M. D., Pennsylvania, *Medical Economics.*

DENTAL LIFE REFLECTED IN PRIZE-WINNING STORIES

ALMOST $4000 in awards have been won by dental writers in the monthly ORAL HYGIENE contest in which the author submitting the best story published each month receives a $100 prize.

●

Dental officers, civilian dentists, dental assistants, and dental hygienists, have been awarded prizes for a wide variety of stories. "The Dentist Has a Housing Problem Too" is the title of one prize-winning article and another one answers the timely question, "Who Will Get the Surplus Dental Property?" One dentist described his rugged life on the Yukon, another offered his reasons for the failures in dentistry, and a forward-looking dentist contributed his practical ideas for a retirement plan.

●

Your own story may be just as interesting as any of those you have read in ORAL HYGIENE. And you are the only one who can tell it!

●

If you don't have a gift for feature writing you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

●

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

1. Your article must have a dental angle.

2. Set down your ideas in simple, direct, forceful language without literary flourishes.

3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

●

Send your story now! You may be the winner of the next $100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



Technique of the Month

Conducted by W. EARLE CRAIG, D.D.S.

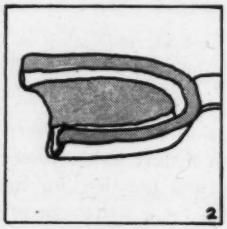
Drawings by Dorothy Sterling

An Upper Impression Technique for a Flabby Ridge

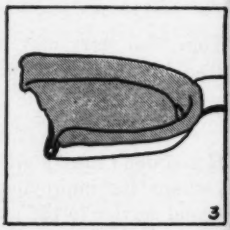
By RAYMOND K. HYDE, D.D.S.



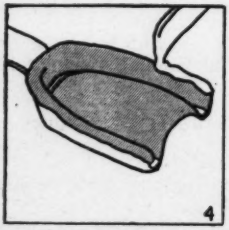
In this case, flabby areas are on anterior of ridge and on right side of posterior.



Using stock tray, apply compound around the rim and on the palate, but not on the ridge area.



Take impression, allowing compound from rim and palate to flow toward, and over, ridge.



Using compound stick, correct impression, and muscle trim.



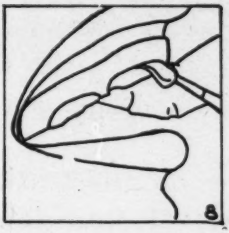
Make impression tray of clear acrylic.



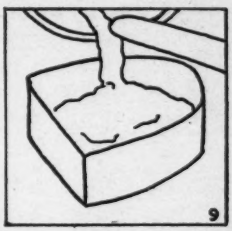
After careful examination of the mouth, cut out of tray all portions touching flabby areas.



By use of impression wax, make corrected impression in all but flabby areas.



Holding wax corrected impression in place, paint plaster over the flabby areas. Reinforce with additional plaster.



Pour model, and proceed in the usual manner.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ XVIII

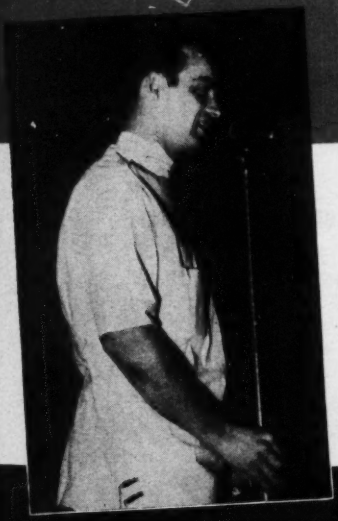
(SEE PAGE 433 FOR QUESTIONS)

1. No. (McCall, J. O.: Fundamentals of Dentistry in Medicine and Public Health, Macmillan, 1938, page 28)
2. Maxillary molars
3. Yes. (Thoma, K. H.: Oral Pathology, C. V. Mosby, 1941, page 157)
4. (c) 1800 persons. (Morrey, L. W.: Dental Personnel, J.A. D.A. 32:134 [February] 1945)
5. True. (Brauer, J. C.; Higley, L. B.; Boyd, J. D.: Dentistry for Children, Blakiston, 1939, page 11)
6. (a) radiopaque. (Ennis, L. M.: Dental Roentgenology, 3rd Edition, Lea & Febiger, 1939, page 219)
7. (b) sodium chloride. (Cohen, M.: Ceramics in Dentistry, Lea & Febiger, 1940, page 14)
8. Maxillary and mandibular first permanent molars. (Mead, S. V.: Diseases of the Mouth, 5th Edition, C. V. Mosby, 1940, pages 289-301)
9. (c) 2-3 pints. (Thoma, K. H.: Oral Diagnosis and Treatment Planning, Saunders, 1937, page 148)
10. Cohesive gold foil will cohere or mold at room temperature whereas non-cohesive gold foil will not. (Skinner, E. W.: The Science of Dental Materials, 2nd Edition, Saunders, 1941, page 188)

Portraits and Profiles

OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.



Les Horvath, All-American, All-Eastern, All-Western Heismann Award Winner, Ohio State's outstanding dental graduate for 1945. He is now a member of the Dental Corps, USN.



Left to right: Arthur P. Little, Richmond, Virginia; L. S. Pettit, Columbus, Ohio; Myron A. Roberts, Buffalo, New York.



Williard Bell, New York, congratulates Colonel Claire T. Budge on his service to dentistry and to General Dwight D. Eisenhower.

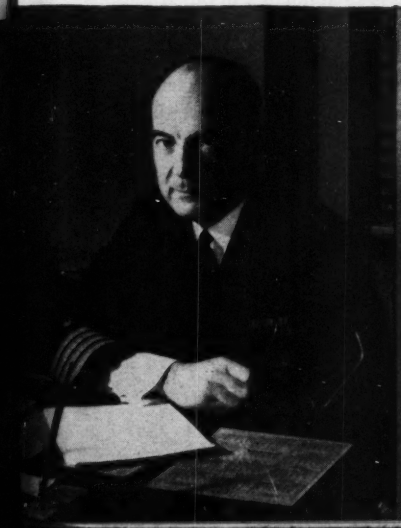
★

Venerable Edward Mills, Secretary of the Ohio State Dental Society and also Past-President of the same organization reminisces with Clyde Hebble.



★

Captain Clemens V. Rault (DC) USN, Loyola University 1918, former commander Dental Corps third Naval district. He is now Commanding Officer, Bethesda National Naval Dental School.





Sterling Mead ponders the course of the American Dental Association for the year to come.



Editorial Comment

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

WARNING TO REFORMERS

WITHIN the American College of Dentists (membership about 1500) there is a small minority of reformers who have been propagandizing for years to destroy independent journalism in dentistry. These dozen or so zealots would bar from circulation any dental journal that did not conform to their preconceived standards. The so-called Commission on Journalism of the American College of Dentists, made up of people who have never distinguished themselves in journalism, has decreed that all dental publications should conform to a pattern to be cut and fit not by readers but by the "Commission." In short, a dozen self-appointed dentists who have had neither training nor experience in journalism, propose to tell 70,000 dentists who should write for publication, where articles should be printed, and what constitutes good reading material for dentists.

Now the United States Supreme Court in a unanimous opinion has ruled that the "power of censorship is so abhorrent to our traditions that a purpose to grant it should not be easily inferred." In this ruling the Court has upbraided Former Postmaster General Walker who had attempted to ban the magazine *Esquire* from the second-class mails. Mr. Walker, like the so-called Commission on Journalism of the American College of Dentists, has his own peculiar and private ideas of what constitutes good reading material. Such is his privilege so long as he keeps his ideas confined to his own reading practices. When Mr. Walker attempted to inflict by decree his personal reading standards on the American public he ran head on into a law suit which ended in a ruling by the Supreme Court that should for all time discourage self-appointed censors be they government officials or members of a dental organization.

In these strong words Mr. Justice Douglas stated the case for free speech and a free press:

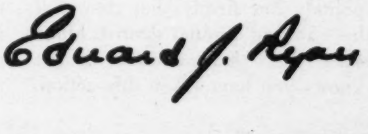
"Under our system of government there is an accommodation for the widest varieties of tastes and ideas. What is good literature, what has educational value, what is refined public information, what is good art, varies with individuals as it does from one generation to another.

"But a requirement that literature or art conform to some norm prescribed by an official smacks of an ideology foreign to our system . . . from the multitude of competing offerings, the public will pick and choose. What seems to one to be trash may have for others fleeting or even enduring values."

Before the *Esquire* case reached the Supreme Court, Justice Thurman Arnold of the Court of Appeals made this significant statement: "It does not follow that an administrative official may be delegated the power first to determine what is good for the public to read and then to force compliance with his ideas by putting editors who do not follow them at a competitive disadvantage."

If the power to censor is not delegated to an administrative official, it is arrogant and presumptive for a private agency such as the American College of Dentists to attempt to exercise such power. It is not only arrogant but it may be illegal. Under federal statute, any conspiracy or agreement that is in restraint of trade or free competition is an illegal act. If the American College of Dentists or any other organization within dentistry carries on a campaign, under cover or in the open, that stifles free enterprise and places a dental publication "at a competitive disadvantage," it is likely that such action is in violation of federal law.

It would be regrettable if the few reformers in the American College of Dentists were to jeopardize the preponderant majority in the College who have never entered the campaign against the independent dental journals. To protect themselves, this majority might do well to examine closely the activities of the Commission on Journalism to determine if some of these activities are not only violations of propriety and good taste but actual violations of federal law. Certainly the hundreds of eminent dentists, the fine men who make up the majority of the American College of Dentists, should not be endangered by the few.



Help Your Colleagues Returning From Military Service



Civilian dentist suggests specific ways to help dental officers returning to private practice.

By ALVIE R. LIVERMORE, D.D.S.

THERE ARE many things which we civilian dentists can do to encourage and help our fellow practitioners who are returning from military service. Here is our opportunity to demonstrate to these men and to the public that our profession is worthy of the respect for which we ask.

When a veteran resumes private practice a notice should be sent to his former patients advising them of his return and informing them that they should call him for future appointments. If some few insist that they would rather remain your patients, they should be told politely but firmly that they will have to find another dentist. Make sure that their former dentist knows you have taken this action.

Give the returning dentist a list of his patients whom you have been treating during his absence. When possible explain just what you have had to do for each while he was gone. If you have full mouth roentgenograms of any of his patients, turn them over to him. Probably your fees are higher than his were before he left. Have an understanding about this fee list. The returning practitioner will be glad to know that his patients expect to be charged more than they were before the war.

So far as "refresher courses" are concerned, it seems to me that we who stayed at home might be the ones who need such instruction. We have had few dental meetings and, because of the travel conditions, we could not attend many of those that were held. The

Service dentist had access to all the professional literature which was available to us, and all the latest methods known to our profession were used in the Army and Navy Dental Corps.

In many cases the veteran will want to open his office as soon as possible after his return to civilian life. Perhaps he needs some supplies in a hurry. Lend him anything he needs that you can spare. If you do not practice evenings, you could even allow him to use your office for evening appointments until his own is ready.

An effort to help the Service dentist will dispel any suspicion which he might have had as to the good faith of his fellow practitioners who remained at home. Keep in mind that more men are retiring from practice and dying than are graduating from dental schools. There is, therefore, more than enough room for all of us.

Our best defense against socialized dentistry is unanimity in the ranks of our profession. Break faith with our fellow practitioners and sow the seeds of distrust, and we will have dissatisfaction with which to contend. Conditions such as these make fertile ground for government control of our profession.

207 *Hamlin Bank Building*
Smethport, Pennsylvania

DENTIST WITH INGENUITY

THE STORY is told of an old-time dentist—a good dentist—who, stranded in a little town in Arkansas with one nickel in his pocket, turned his small capital into a complete dental outfit, and started in to practice his profession. A five-cent plug of chewing tobacco bought at the corner grocery furnished tin foil for restorations; some bits of iron and steel, discarded by the blacksmiths, made his tools. As the dentist went from house to house, each kitchen became his operating room, a kitchen chair his dental chair, and—as he stood with one foot on the floor and the other on the chair—his knee made a satisfactory headrest. As he gathered coin from his services, he added to his equipment.—*Parent and Child.*



Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Parodontitis

Q.—I should like information about the treatment of parodontitis with penicillin. Please inform me as to the extent to which it has been used, the results, and the dosage and technique.

A prompt reply will be greatly appreciated.—S. J. D., Oklahoma.

A.—There has been considerable material written on the treatment of Vincent's infection with penicillin, but I have seen nothing on the treatment of parodontitis with this drug. As a matter of fact, I do not believe penicillin would be of any great value. It probably would reduce the infection temporarily but as the cure of parodontitis depends upon the reduction in depth or elimination of the pocket, antibiotics would not be indicated as a cure. One cannot get away from the drudgery of subgingival curettage, adjustment of occlusion, and other necessary steps in pocket elimination in the treatment of parodontitis. Even though penicillin overcomes the acute manifestations in Vincent's infection, one finally has to remove subgingival deposits and establish good hygiene or there will be a recurrence of the infection. — GEORGE R. WARNER.

Roofless Dentures

Q.—Thank you for your letter in which you state that you do not believe it is the correct procedure to eliminate the roof coverage in all denture cases. I agree with your statement that the larger the coverage (meaning contact) by a denture, the less resorption from stress or trauma is likely to result. We all relieve contact with the hard palate. As for contact with the soft palate, resulting from tissue resorption, how long does it last? In how many cases does the dentist file back the carefully prepared postdam?

Every case that is presented, to my mind, calls for a roofless denture.

Thank you for your correspondence. —J. M. P., Massachusetts.

A.—I relieve slightly over the hard palate. I expect the hard palate to come into supporting function after yieldable tissue over ridge areas has been fully compressed by masticating force. I see no reason for postdam overcompression soreness or resorption.

In preparing the cast for postdam I take pains to locate the sphenomaxillary notch with the edge of a small mouth mirror. I prepare the postdam through these notches as far back toward the soft palate in the median area as its flexion in function will permit. I use a number 10 round bur to provide the depth of postdam that the mir-

ror edge seems to indicate the tissue will take without interference with the blood supply. I then moisten the cast and set the wax trial plate completely and accurately into the prepared depression for postdam. I examine this wax postdam carefully in the mouth while the base plate is held firmly in place with finger pressure. If there is any blanching of tissue I assume that I have overdone the preparation of cast and I know that I must either fill it in the correct amount on the cast or trim it off the finished denture until there is a close adaptation across the heel with no blanching of tissue. Such postdams are finished with a thick rounded edge and I am sure that they cause no more strangulation of tissue or soreness from overcompression than you cause with your roofless dentures, which is none. — V. CLYDE SMEDLEY.

Thumb Sucking

Q.—Can you make any suggestions that will help a young mother whose year-and-a-half old son persists in sucking or biting his thumb?—J. A. A., Maine.

A.—I should not worry about the year-and-a-half old baby who sucks and bites his thumb. There probably will be no great harm result from this habit at this time. If the habit persists and it can be shown that distortion of the mouth is resulting, corrective measures can be instituted. There are devices on the market that are quite effective in overcoming the thumb-sucking habit.—GEORGE R. WARNER.

Sodium Fluoride

Q.—I had my druggist put me up your formulas consisting of 4 per cent sodium fluoride aqueous solution and a paste of sodium fluoride, kaolin, and glycerine equal parts, for use in the treatment of sensitive cervical areas. He cautioned me about using it in the mouth. Using cotton rolls and then washing out the mouth is all that is necessary, is it not?—W. H. S., West Virginia.

A.—You are right. The precautions you suggest are all that are necessary.—V. CLYDE SMEDLEY.

Rampant Caries

Q.—I have a patient, an unmarried woman 31 years of age, whose mouth is clean and whose gingivae are in a healthy condition. She tells me caries began to develop rapidly a year ago, and you will see by the enclosed chart the number of cavities I located today. She says she drinks milk, eats fruits and normal amounts of regular foods. What might be the cause of this condition and how should I treat it?

I thought of restoring the proximal cavities with silicate, the gingival cavities with acrylic inlays, and the two surface cavities with gold inlays. What are your suggestions?—C. C. C., Illinois.

A.—These occasional cases of rampant caries in well-kept mouths are certainly difficult to understand.

In the case of your patient, I would suspect an endocrine gland dysfunction and would have a basal metabolism test made. In fact, a thorough physical examination would not be out of order. Your plan for the necessary restorations seems sound to me, but, of course, it is essential to find the cause of so rampant a case of caries. I think you would be justified in her case in resorting to fluorine treatment

in your attempt to control the caries. If the tendency to caries is not controlled to some degree, restoring the teeth will be of little value.—GEORGE R. WARNER.

Hydrochloric Acid

Q.—Under separate cover a model is being sent to you, which shows the results of unusual erosion. Even restorations seem to be wearing away. The enamel seems to wear faster than dentine. The lingual surfaces of the anterior teeth show the enamel destroyed but the dentine is abrading less rapidly.

The patient seems to he in good health. She is about thirty-eight years of age and had a nervous breakdown some years ago but recovered. No abrasive dentifrice is used and she cannot give any information as to tongue habits.

Your suggestions for treatment will be appreciated.—J. C. H., Illinois.

A.—From personal experience and from having seen several such cases I should say your patient has been taking liquid hydrochloric acid, and probably through a sipper. The fact that the enamel disappears much faster than the dentine is an indication that acid is in casual relation to the difficulty. Moreover, the loss of lingual enamel and more on the anterior teeth than the posterior teeth indicates that acid is held against the teeth by the tongue. If she does not take diluted hydrochloric acid or any acid medicine through a sipper, I am unable to account for the condition.—GEORGE R. WARNER.

Loss of Taste

Q.—I have a patient for whom I made full upper and lower dentures. He has mentioned two or three times that he cannot taste now. I have covered all available tissue in the lower ridge and find the lower denture stable. I have wondered if this could affect the taste. The denture was placed a year ago and has given the patient no other difficulty. The patient suggested a roofless denture, but I told him I did not think it would correct the condition.

Thank you for any suggestions.—F. M. W., Indiana.

A.—Dentures interfering with taste must be largely a notion on the patient's part, since the physiologists tell us that the taste nerve endings are in the tongue and not in the palate. However, I would certainly follow this man's suggestion and make him a roofless upper denture if he believes that he exercised sufficient patience to be convinced that his normal taste will not return as it usually does while wearing a denture with the palate covered. I have had several patients who declare that their sense of taste is better with roofless dentures. I am sure that the extension of the lower denture has nothing to do with the disturbance.—V. CLYDE SMEDLEY.

Severe Arthritis

Q.—Enclosed is a roentgenogram of a lower left molar. The patient has severe arthritis in her shoulder and arm. To me the tooth looks all right but the patient and her physician thought this molar was causing the difficulty. Now they are both disappointed because the tooth was removed but the patient still has arthritis.—J. H. W., South Dakota.

A.—The case of your patient with severe arthritis in the shoulder and a pulpless mandibular first molar is one that comes up often. The pulpless molar looks all right, yet once in a while just such a tooth as that proves to be the source of arthritis. One cannot re-

DENTA PEARL
ACRYVELUM

Justi-facts

50

CYCLO-MOLD TEETH • JUSTI-TONE T-3 • FILM-AC
Fluorescent ACRYNAMEL, STAINS and ACCESSORIES

401. *MUCO-SEAL impression material is now available. It is acrylic; accurate; simple; quick, no mess. After eighteen months of mouth tests, dentures so made are still tight, resist displacement. This includes lowers.*

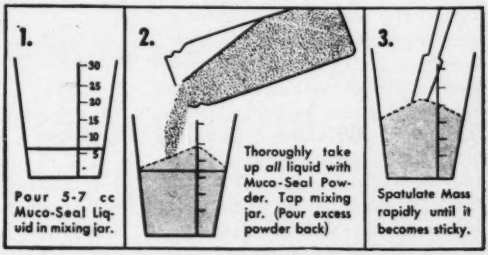
402. *MUCO-SEAL Principle*

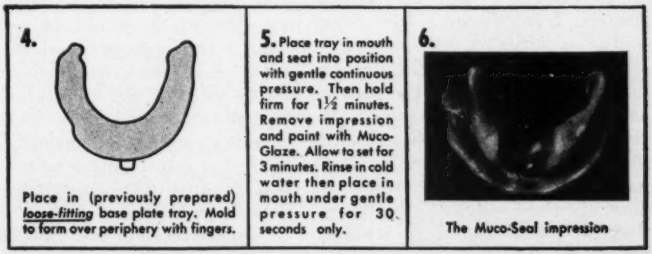
a) *Heat of the mouth softens the material. Displaced tissues relax.*

b) *Heat of the mouth sets material.*

c) *Impression is coated with glaze, replaced in mouth. Glazed seal is removed with impression thus transferring MUCOSAL seal to model and thus to denture.*

403. *MUCO-SEAL TECHNIC*





404. *Retention gained by MUCO-SEAL impression material is retained indefinitely by CYCLO-MOLD acrylic teeth. Send for all data.*

Products with a Single Purpose - Better Dentistry

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fuse to remove the tooth no matter how good it looks or how sure one may be that it is normal. If the tooth has not been out long, do not be too sure it was not at least a contributing factor in the arthritis. The benefits from the elimination of a focus of infection may not be apparent for several months.—GEORGE R. WARNER.

Use of Penicillin

Q.—I should appreciate a description of the use of penicillin in the treatment of Vincent's infection.

I have read that this drug has been used rather successfully in the treatment of this disease, but I do not know just how to apply it.—S. C. C., New York.

A.—The treatment of Vincent's infection may be by intramuscular injection, 25,000 units every three hours until 500,000 or more units have been given, by topical application, 100,000 units of penicillin in 1 cc. of sterile distilled water, and 20,000 units applied on the carefully dried lesion. A dilute solution can be made by dissolving 75,000 units of penicillin in 240 cc. of sterile water and the mouth sprayed from three to five times daily.[1]

There is also a penicillin troche on the market now and the patient can hold one of these in the mouth constantly until dissolved and until the package of twelve is used. This has given good results for us. It must be remembered, however, that the usual thorough scaling, polishing, and home cleansing of the teeth must be carried out to bring the mouth back to good health.—GEORGE R. WARNER.

[1]Schuessler, C. F.; et al: Penicillin in the Treatment of Vincent's Infection J.A.D.A. 32:551 (May) 1945.

Clicking Dentures

Q.—What is the cause of full dentures clicking? I understand a too open bite and faulty occlusion may result in this condition. Are there any other causes?—L. B., Illinois.

A.—No doubt a too open bite is the most frequent cause of denture clicking. An unbalanced occlusion can be a cause; or overextension, which permits muscles to lift dentures off the ridge; or a nervous habit of chewing on dentures could cause the clicking.—V. CLYDE SMEDLEY.

Fractured Central

Q.—I have a patient, a two-year-old boy, who fell and fractured the upper left central deciduous tooth. I removed the crown and about the lower two-thirds of the root, up to the fracture.

Is any harm likely to result from this upper one-third root tip? I imagine it would be quite a job to extract it because of his age.

Is a space retainer necessary?—G. E. O., Kansas.

A.—In our judgment, the harm the child might suffer from an effort to extract this root tip at so young an age might easily be greater than the harm likely to result from leaving it in, at least for the present. It would be well to take a roentgenogram of it once or twice before it would normally be resorbed by the eruption of the permanent central, and if at that time it appears to be harboring infection or interfering with the normal eruption of the central it could then be removed.

A space retainer is not necessary following the loss of an anterior deciduous tooth since the jaws expand to provide space for the permanent incisors, regardless of the presence of the deciduous teeth.—V. CLYDE SMEDLEY.

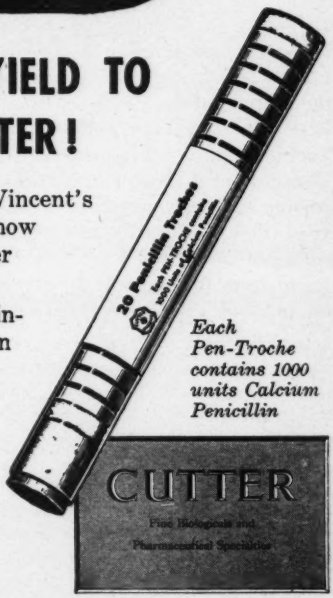


ORAL INFECTIONS YIELD TO PEN-TROCHES—CUTTER!

Already recognized as specific in Vincent's Infection, Cutter's Pen-Troches show great promise for combatting other oral cavity infections, as well.

Each Pen-Troche builds and maintains an adequate penicillin level in the saliva for over two hours.

Slow-dissolving, pleasant, but with *no* aromatic flavoring to confuse them with candy. Pen-Troches are specific for *your* practice! Try them.



Each Pen-Troche contains 1000 units Calcium Penicillin

CUTTER LABORATORIES
Berkeley • Chicago • New York

DEAR ORAL HYGIENE

(*Continued from page* 441)

feel assured of a good wage, sanitary quarters, standing in the community, and further progress in his chosen field. Second, if the profession refuses, and even fights the technician's desire in that direction, we, the dentists, must relearn and reacquire technical skill and do our own laboratory work.

If the technicians ever stage a walk-out on the profession, the dentists might as well close up their restorative departments. Anyone who thinks differently lulls himself by thinking that this may not happen, or that he is good enough at a moment's notice to produce the required dental need.

I think that the oral surgeon, the root canal therapist, the periodontist, and the elite of the general practitioners may disregard the wish and attitude on the part of the laboratory technicians to be organized, but the general practitioners, outside of those mentioned above, must act either way, and quickly too.

Let us cease being narrow in our point of view and serve as agencies for the specialists at large and the laboratory technicians in particular.—J. S. Efremoff, D.D.S., 147 *Fourth Avenue, New York.*

THE DENTAL ASSISTANT AND MENTAL PATIENTS

In handling an individual patient who might come into your office, there are three things to be considered; that is, the attitude of the patient toward the dentist, the attitude of the dentist toward the patient, and the attitude of the dental assistant toward the patient. In regard to the latter, here are some definite things that I should like to say to you. Tact and courtesy are prime considerations, and always be honest with your patient. Consider him as a normal individual, not as a psychotic person, and put yourself on the same level with him. If you will do this, you will have a better understanding of the whole situation and will contribute much to his comfort. Don't look upon the patient as a mouthful of teeth that need to be extracted, or as a lot of holes to be filled up, but look upon any person as a human being.—Doctor Coyt Ham, *The Dental Assistant.*

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for their Aid in Sound Tooth Preservation.



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Laffodontia

1st Wardboy: "What do we eat today?"

2d Wardboy: "Lamb, beef and ham."

1st Wardboy: "You mean we get a choice?"

2d Wardboy: "No—stew."

★

The sergeant arrived home in bad temper, "Hang it, dinner not ready yet?" he said to his wife. "I'll go out to a restaurant."

"Can't you wait ten minutes?" asked his wife.

"Why—will it be ready then?"

"No, but I'll be ready to go with you."

★

Peggy: "My boy friend is so brave—he's wonderful. He does his duty in the face of criticism, ingratitude and hardships."

Mary: "Is he a chief?"

Peggy: "No, he's the ship's cook."

★

Soldier: "Dearest, I love you terribly."

Girl: "You certainly do!"

★

He: "Please."

She: "No."

He: "Why not?"

She: "No, I said."

He: "Aw heck, Mother! All the rest of the kids are going barefoot!"

★

On his first bite of a cheese sandwich, a customer in a Cleveland restaurant called over the waiter and asked, "This Swiss cheese you gave me—was it imported or deported from Switzerland?"

Girl: "Must you drive with one hand?"

Gob: "Sure, the car won't steer itself."

★

Irate Guest: "Look here, the rain is simply pouring through the roof of my room."

Summer Hotel Proprietor: "Absolutely according to our advertising. Running water in every room."

★

The election board in a southern town was counting ballots when they came across a Republican ticket. Not finding anything wrong with it, they put it aside until they had time to decide what to do about it. After a while a second Republican vote showed up:

Judge: "The son-of-a-gun voted twice. Throw 'em both out!"

★

Nurse (to doctor as they left a room in the hospital): "You can never talk to that patient without her giving you a full recital of her ailments."

Doctor: "Yes, you might almost call it an organ recital."

★

First Lawyer: "I've just taken the case of that woman who says she shot her husband because she loved him."

Second Lawyer: "I suppose your plea will be that spring is the time for tender shoots."

★

Indignant Father: "Do you think it is fair, Bobby, after I told you there wasn't any Santa Claus, to go and tell the neighbors I laid your Easter eggs, too?"



"MY PET PATIENT" says Dr. J. K. R., "is a Sad Charlie, a chronic kicker. And I have the misfortune to be the beer he does his crying into.

"Aside from his melancholies, however, he makes good enough sense. When I told him that Detoxol is the only dentifrice containing sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, he said,

"'Sure, Detoxol is my regular dentifrice. A bright spot in a dark world.'"



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BRAND

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Sterodent Cleanser is skillfully prepared to an exacting formula, using six balanced powders. Sterodent cleans and polishes in one time-saving operation, holding to the brush, without flying or spattering. Patients find it refreshing to the taste.

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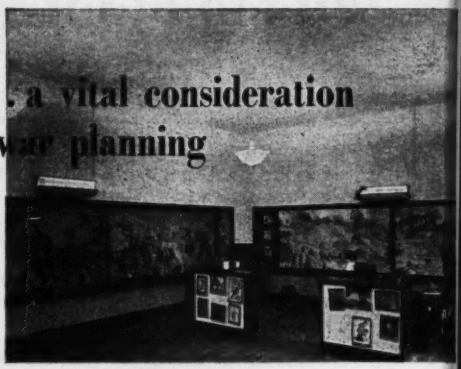
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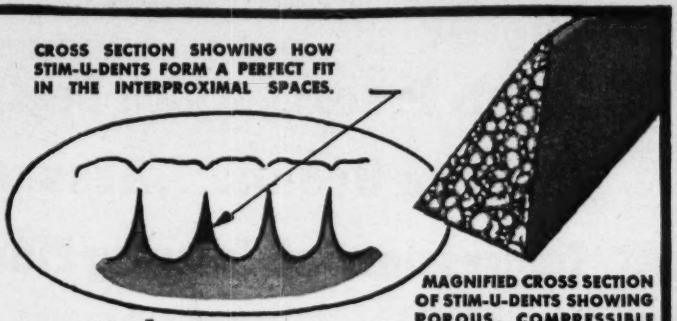
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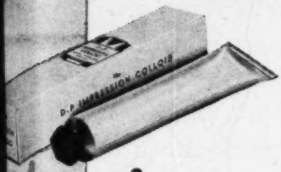
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1.



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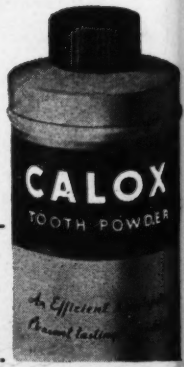


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Since patients are





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. . . they want a dentifrice to *taste* good. Doubtless you consider this fact when recommending a dentifrice. Certainly, we consider it in making Calox. Calox Tooth Powder has always had a cool, clean, refreshing flavor that encourages regular use

But that's not news—that Calox tastes good. The news is that *Calox is back in a metal container* . . . that once again its fresh, tingly flavor is protected against air and moisture—*locked in to stay!*



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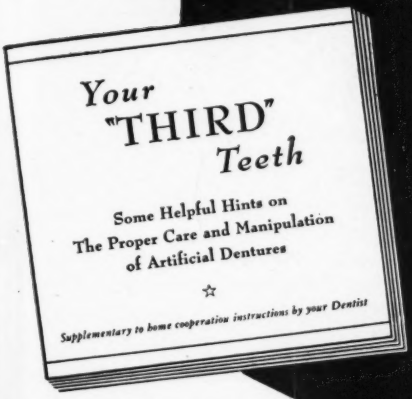
1. deep gingival sulci
2. calculus
3. partially erupted teeth
4. faulty dental restorations
5. impinging crowns, clasps, and partial dentures
6. proximal contact loss with subsequent food impactation
7. caries
8. periodontoclasia with drifting teeth
9. malocclusion—developmental and acquired
10. loss of teeth
11. mechanical injuries from toothbrush, floss, or toothpick

VINCE

prophylaxis and therapy of periodontal diseases such as Vincent's infection.

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CLEANSING POWDER . . . Used as a solution for removing stains and thoroughly soak-cleansing dentures made of vulcanite, acrylic and other pink materials. Helps to keep artificial teeth lustrous. 60c.

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It is proffered as *SUPPLEMENTARY TO YOUR INSTRUCTIONS* . . . to keep forgetful or careless patients constantly aware of the importance of their cooperation with you.

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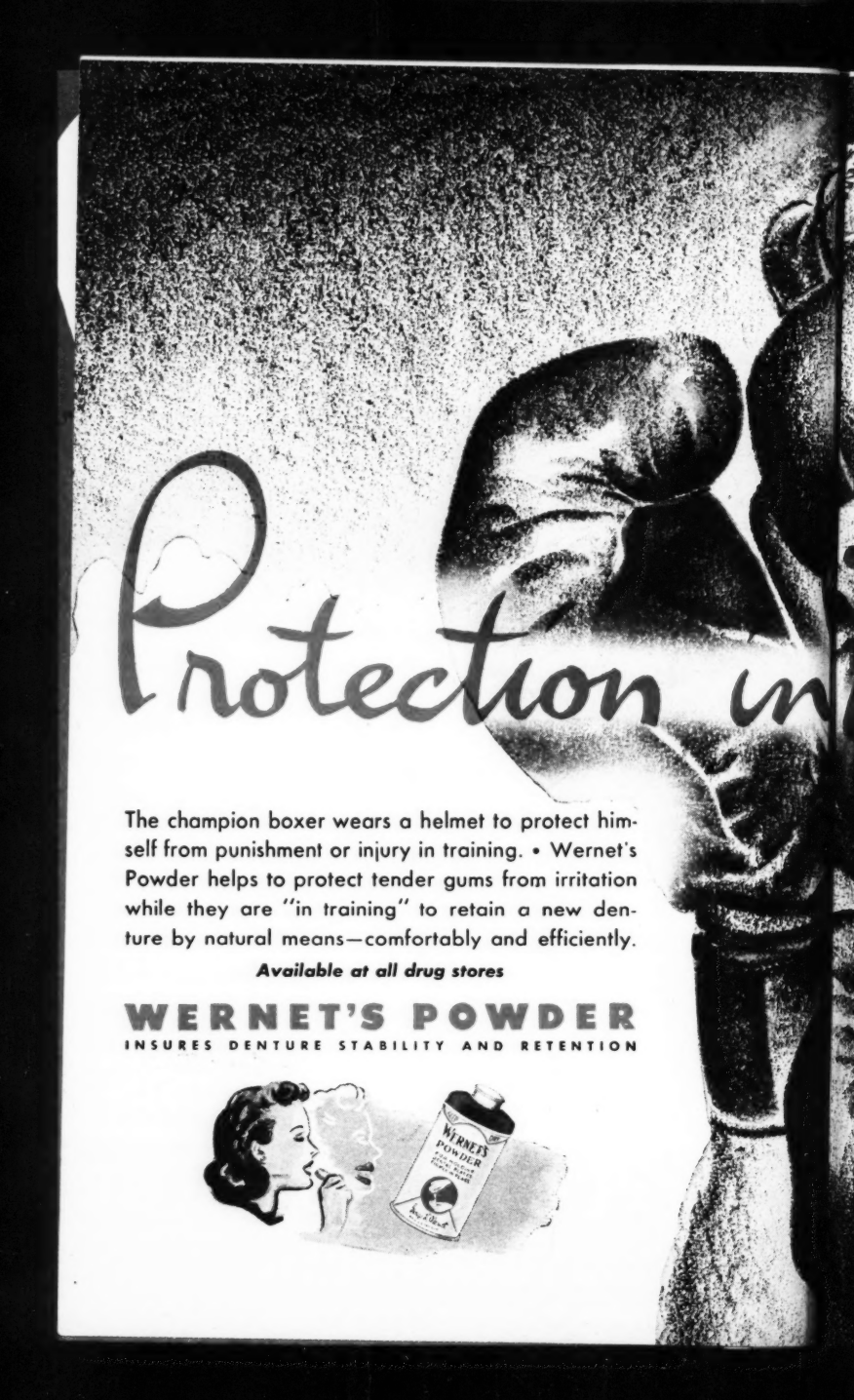
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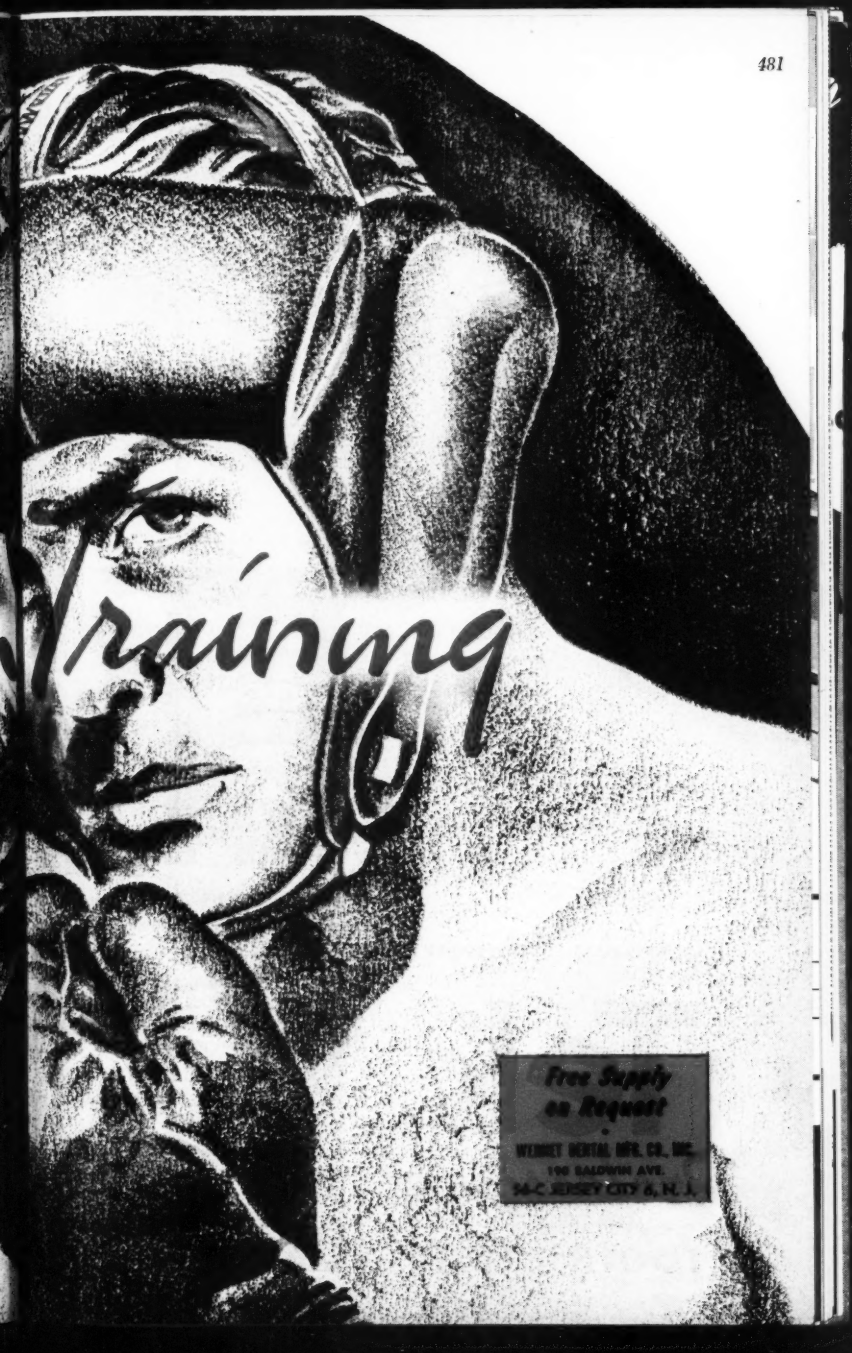
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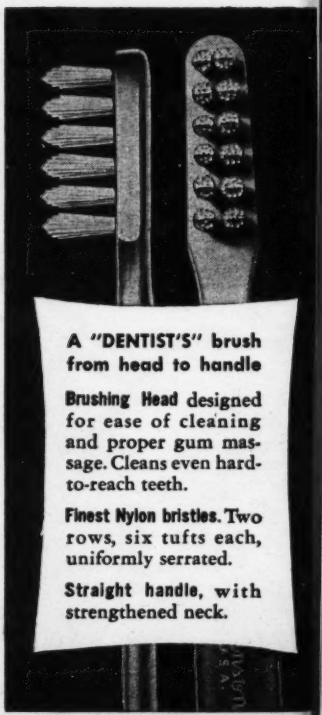


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Brushing Head designed for ease of cleaning and proper gum massage. Cleans even hard-to-reach teeth.

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TRAY-MIX ★

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Easily . . . Quickly . . . No Special Equipment Needed

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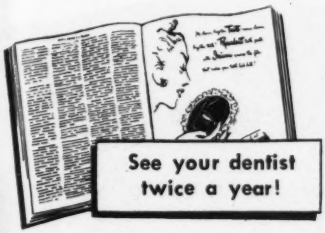
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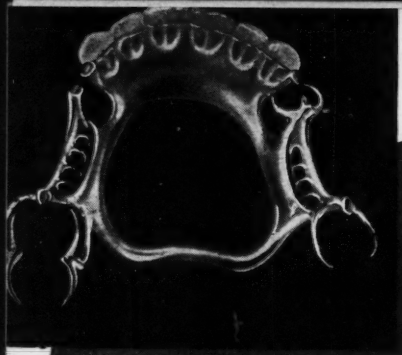


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The method of inserting these teeth in a denture is exactly like that of inserting a porcelain tooth. No extra work is involved in setting up or finishing.

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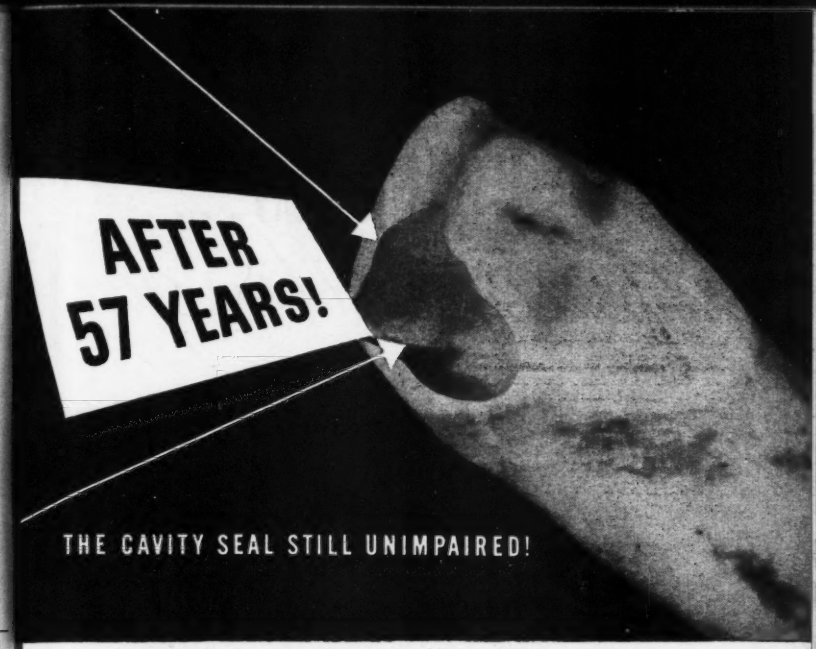
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COURTESY DR. M. B. CARTER

why that is so—(2)

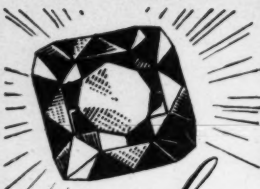
Note the restoration above . . . the condition of all its margins. After 57 years of service, everything is intact and sound, as good as the day it was made — by Dr. T. A. Pope, Franklin, Tenn., for Dr. M. B. Carter, also of Franklin.

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The knife-edge wheel (2V) is made expressly for opening cavities and the "torpedo" (3D) is for enlarging them. Order these two practice-builders from your salesman today, and you will appreciate why DENSCO Blu-White Diamonds have become the standard by which all others are compared.



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2 Py-co-pay Reminds

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Since (in being reminded of you through Py-co-pay) the patient will be helped to remember to visit you regularly for check-up, ***YOU TOO WILL BENEFIT!***

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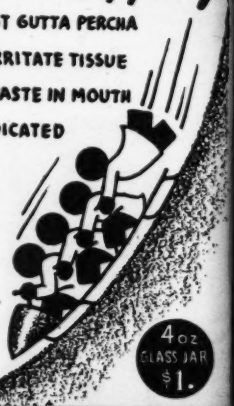
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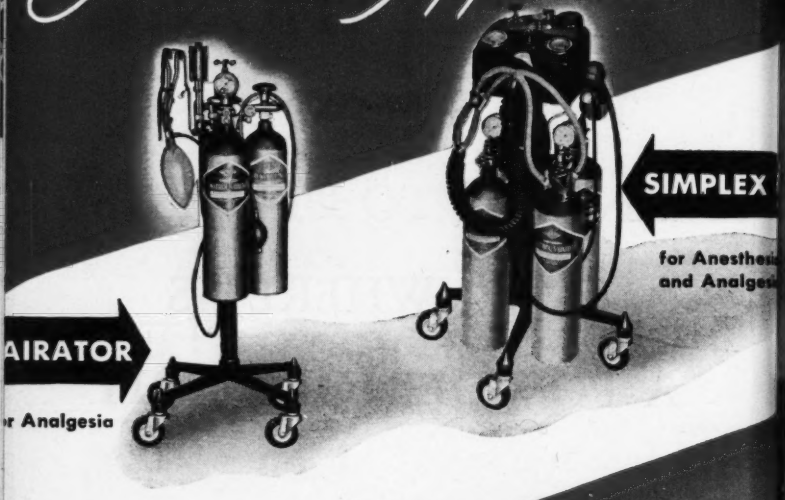
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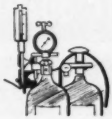
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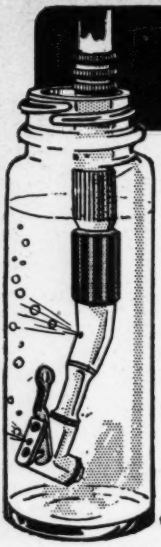
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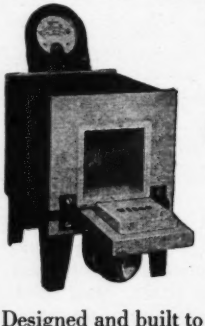
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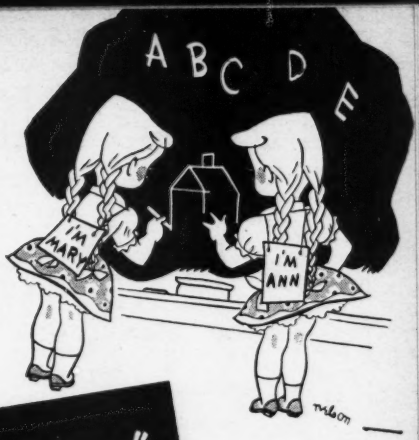


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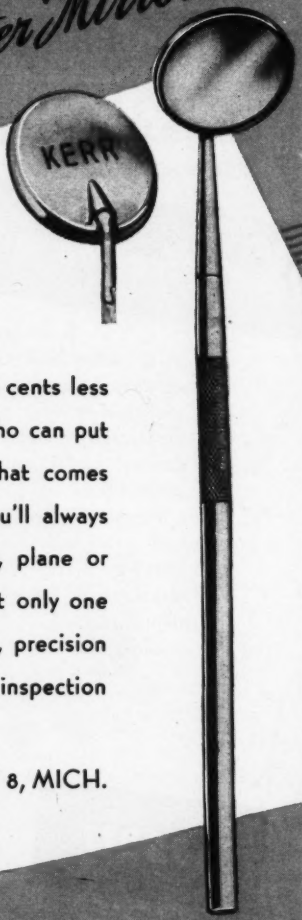
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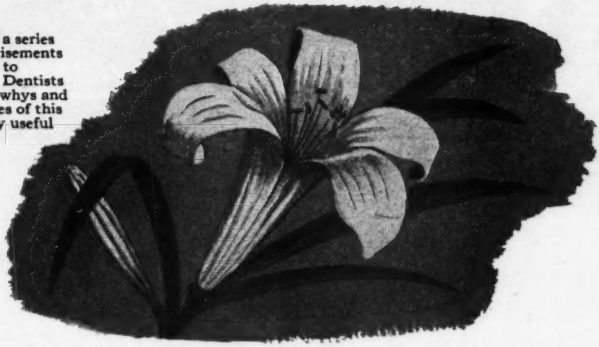
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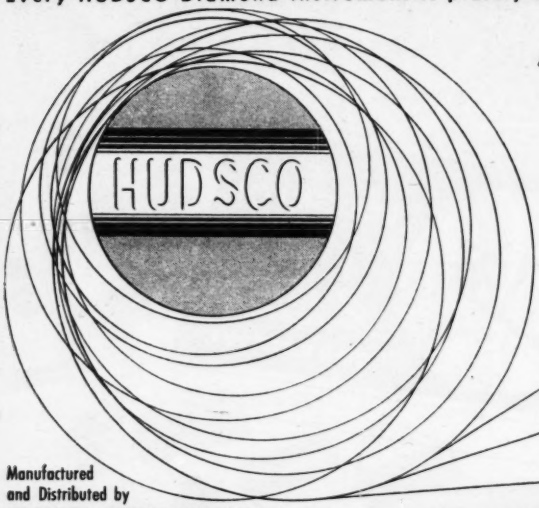
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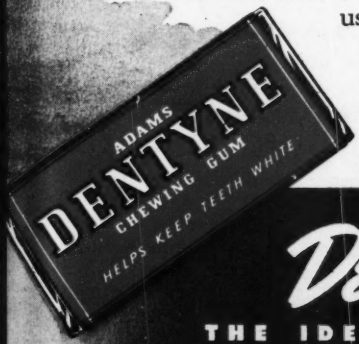


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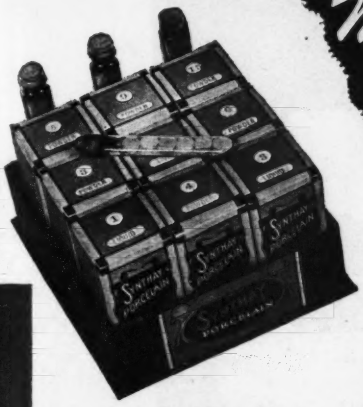
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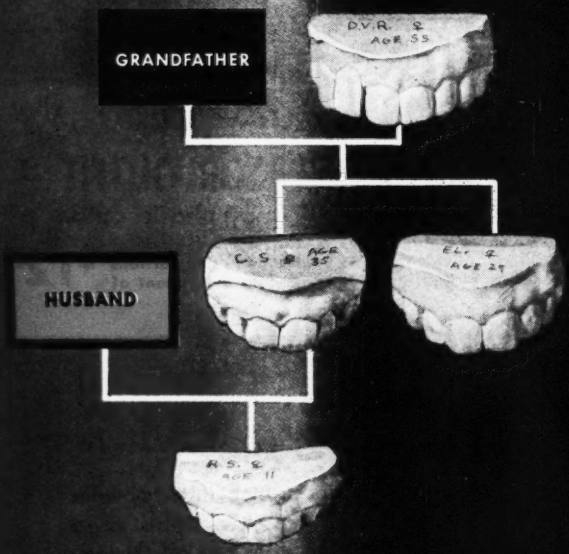
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The "Family-tree" of labial characteristics illustrated on the opposite page is a random example of inherited similarity of labial contour and arrangement of teeth through three generations of the same family.

With no pattern record available, proper tooth selection for edentulous cases always posed a real problem for the dentist. Now, thanks to research, we learn the dentition of a brother, sister, child or grandchild provides available scientific guidance for the pattern of probable characteristics and alignment of teeth for such a patient.

How do Five-Phase Anteriors help to facilitate such a procedure? Instead of the usual "fixed patterns" Five-Phase Anteriors provide: 1. Varied labial surfaces *characteristic of natural teeth.* 2. Co-acting proximal contacts—*for easiest set-up and transposition of laterals.* 3. Veri-chrome Colors—*following nature's plan of controlled brilliance PLUS simplified color matching.* 4. Superior porcelain—*simulating natural tooth structure in depth, refraction, translucency!* 5. Scientific sizing—*for easier selection.*

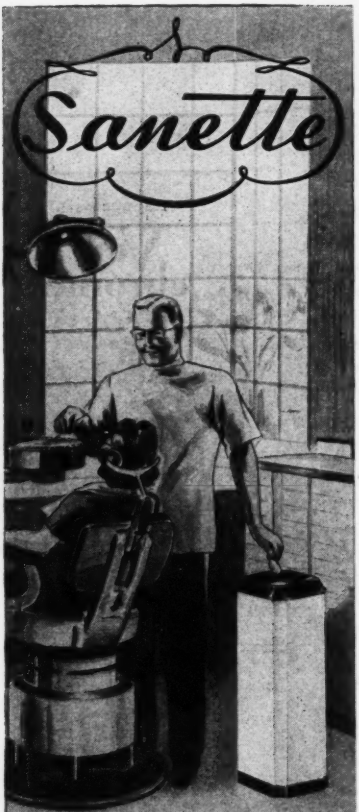
In short, Five-Phase Anteriors reproduce the lifelike variations of natural teeth . . . providing the only means by which all the natural characteristics of the patients' teeth may be reproduced in the artificial denture.





FIVE PHASE

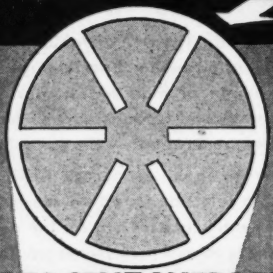
ANTERIORS



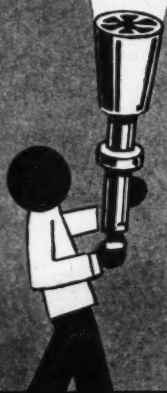
You may well be proud of this Sanette Dental Waste Receiver. In a subtle way it marks the doctor as proficient in his practice, careful in cleanliness and thoughtful of his patients' welfare. Order Model T-30 in your choice of the popular dental finishes. (Height 25"; 9" square).

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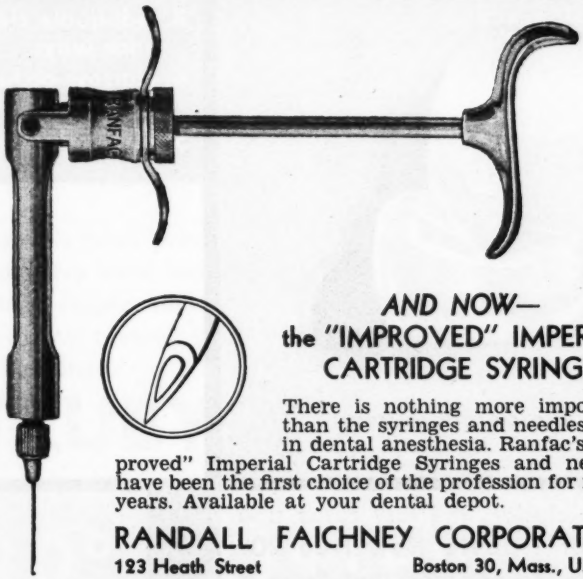
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Ample food table



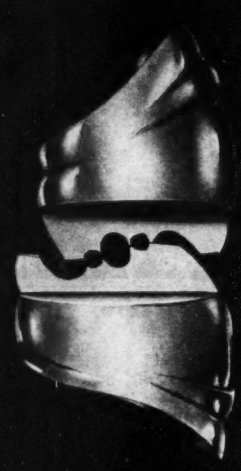
Adequate clearance ways

Five exclusive featur of Trubyte New Hu 20° Posteriors that insure comfortable, efficient mastication

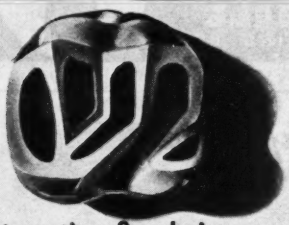
1. Interacting fine knives
2. Ample food table
3. Adequate clearance ways
4. Narrow occlusal contact
5. Relatively low cus

In central occlusion, the low cusps and the sulci of Trubyte New Hue 20° Posteriors are so opposed that there is ample clearance for the masticated food.

The narrow occlusal contact of Trubyte New Hue 20° Posteriors reduces the force required to crush and shear food; and thus increases the effectiveness of the teeth in mastication. The reduction of force minimizes pressure on the underlying ridge and adds to the patient's comfort with dentures.



Narrow occlusal contact



Interacting fine knives

Nature's basic principles for comfortable, efficient mastication have been incorporated with full recognition of edentulous requirements in Trubyte New Hue 20° Posteriors. Use any technic you prefer, their efficiency is always maintained.

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20° POSTERIORS

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Doctor, if you are a progressive member of the profession, enthusiastic about diamond instruments and eager for new techniques involving their use, write Diamond "R" Agencies.

We have a plan whereby you have a complete complement of diamond instruments at your disposal. Every desired shape in a clear Lucite case at your fingertips. You have either new or perfectly operating tools in your handpiece at all times. Use diamonds like burrs. Nominal cost from year to year, based on usage. Write for details.

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(TWO FORMULAS)

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For the treatment of

NOVOCAIN DERMATITIS

Which is a very difficult condition to overcome. It takes time to produce it, due to gradual absorption and according to susceptibility to novocain. It also takes time to remedy and then prevent it. Directions must be conscientiously followed.

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For the care of

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This formula is a delicately scented, emollient compound which also makes a splendid over night facial cream, as it is slowly absorbed. It should be used in conjunction with compound No. 1 by those afflicted with dermatitis. The two formulas work together.

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These compounds are made of the highest quality, U.S.P. constituents and were developed by Dr. Ernest Fowler (oral surgeon) after five years of clinical experimenting with professional assistance.

Until sufficient quantities are available and National distribution is obtained, this special introductory offer is made: one jar of No. 1 and two jars of No. 2 will be mailed postpaid and tax paid for $2.00.

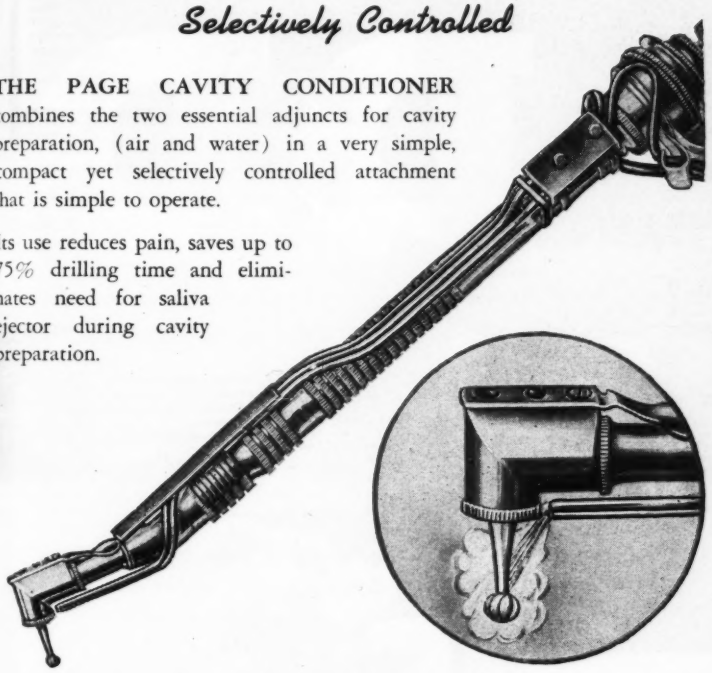
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Selectively Controlled

THE PAGE CAVITY CONDITIONER combines the two essential adjuncts for cavity preparation, (air and water) in a very simple, compact yet selectively controlled attachment that is simple to operate.

Its use reduces pain, saves up to 75% drilling time and eliminates need for saliva ejector during cavity preparation.



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Please send me complete information on the PAGE CAVITY CONDITIONER.

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Address .....

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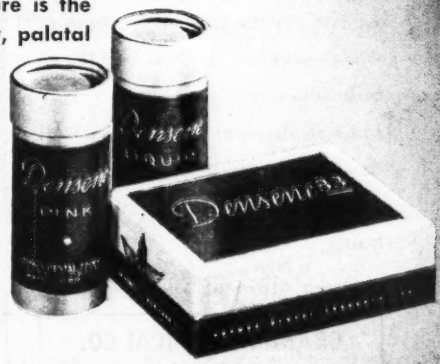

A routine case of cured Densene "33" against metal base. Material is sectioned to show accurate adaptation.
A section of the sectioned flask, opened to show accuracy of fit-to-model.
Unretouched photograph of cross-sectioned flask. Note faithful adaptation of Densene "33" to mold.

X'd...

"DD" abbreviates "Denture Distortion"—a discouraging result of warpage due to the tardy release of internal strains within the denture material. The "X'd" means that you can cross it right off your worry list when the case is made of Densene 33!

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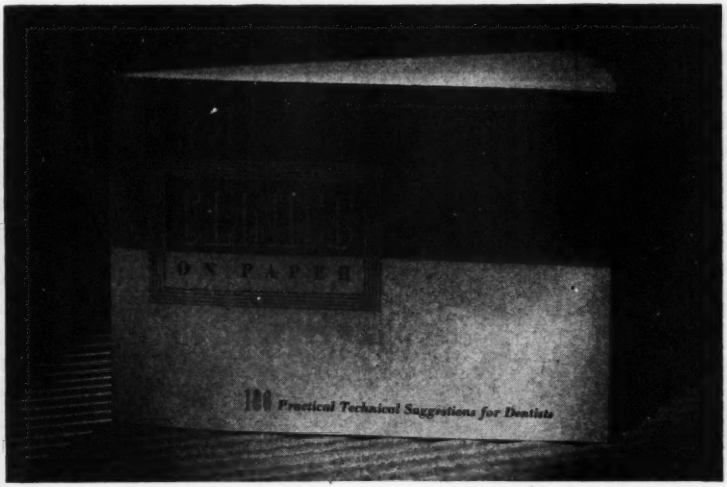


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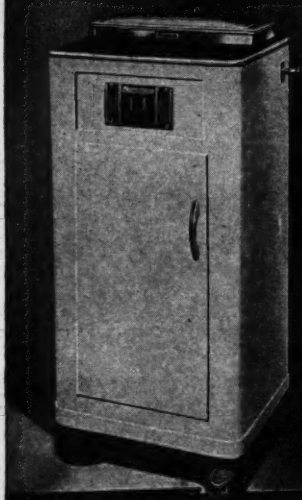


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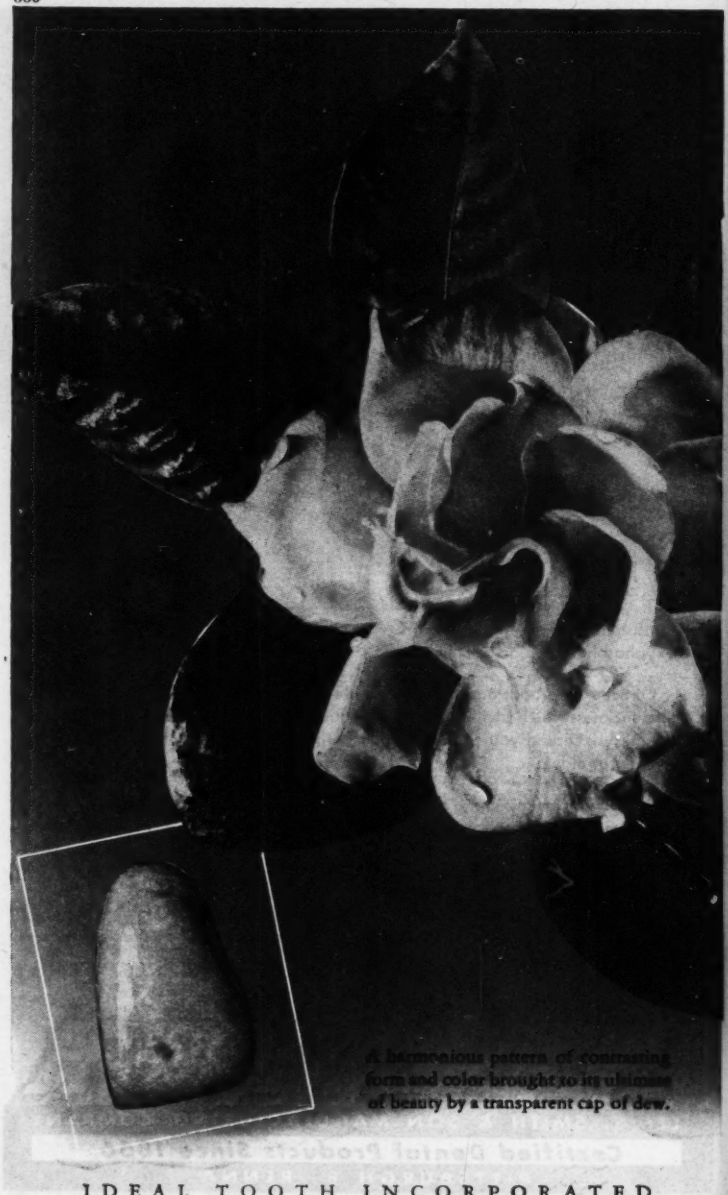
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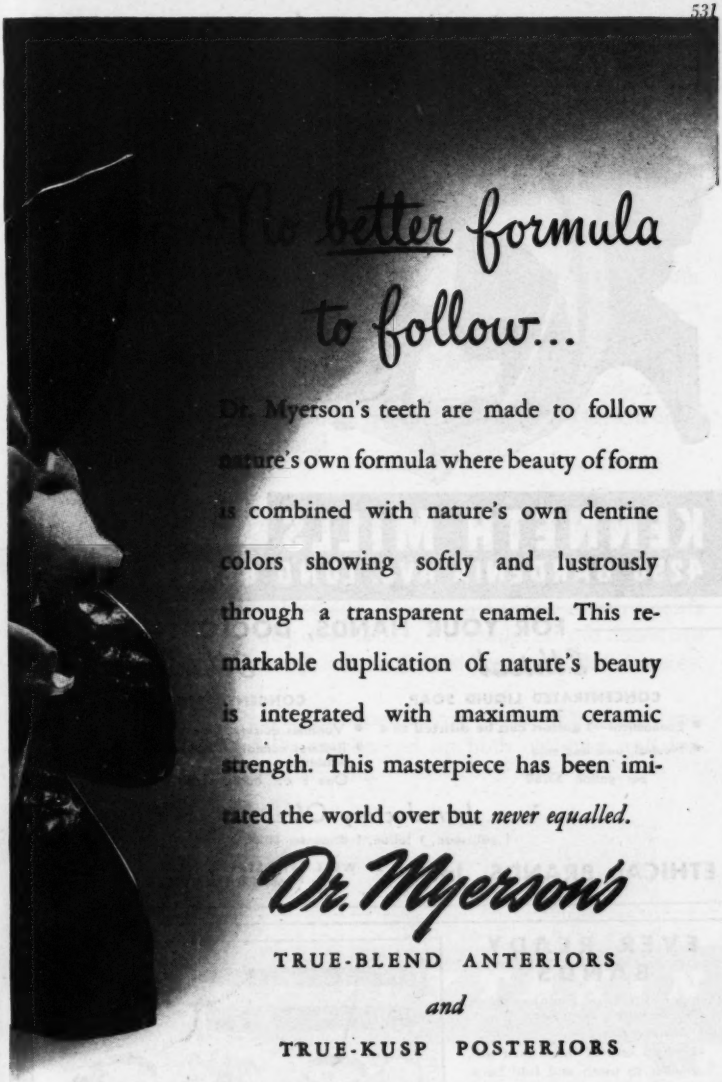
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- Economical—1 gallon can be diluted to 4
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- Vanishes quickly, leaves no oily film
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Introductory Offer

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ETHICAL BRANDS, Inc.

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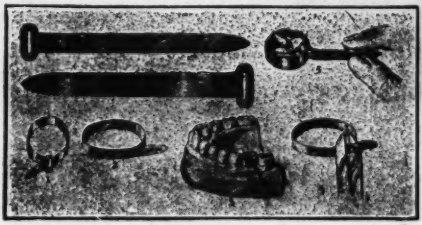
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Package of 1 doz. bands $ .55
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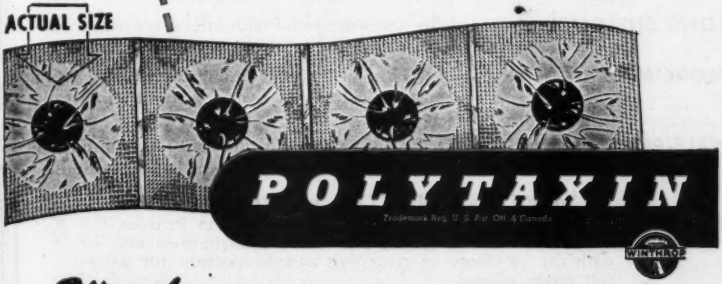
When oral conditions suggest multiple vitamin therapy

Patients with localized symptoms in the mouth which reflect a general, metabolic disturbance often have a history of defective dietary intake. In such instances the indication is to prescribe a vitamin preparation containing adequate amounts of the essential nutritive factors in each dosage unit.

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Polytaxin capsules are so small that they are easily swallowed by both children and fastidious adults.

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GETZ-400 ELASTIC IMPRESSION POWDER

for Partial, Full Denture, and Indirect Inlay Impressions

ACCURATE REPRODUCTIONS . . . Compounded to register and hold the finest details.

NO FIXING SOLUTION is required. Simply rinse the impression and pour the model. Saves time and lessens labor.

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LONG SHELF LIFE. Packaged in moisture-proof aluminum coated envelope, keeping contents in perfect condition regardless of time.

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The superior performance of this Impression Powder is guaranteed. So, you may use is on several impressions with the privilege of returning unused portion for a full credit refund.

1 Box, $4.00 **3 Boxes, $3.75 ea.** **12 Boxes, $3.50 ea.**

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Effective

ORAL ANALGESIA AND MYOKINESIS



Postoperative trismus and local pain logically suggest topical prophylactic and remedial measures.

Dillard's Aspergum

Chewing Aspergum releases a soothing flow of aspirin-laden saliva, which effectively bathes the entire oral area. The gentle muscular action involved also helps prevent local spasticity and stiffness. Thus discomfort is lessened—an extra thoughtfulness your patients will appreciate.

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Lee Smith
CERTIFIED IMPRESSION COMPOUND



The other day we asked a dentist by what criterion he selected his impression compound. "My preference," he said, "is based on the texture, i.e., the smoothness of the compound, and also on how easily I can work with the material. I like to work fast with compound and the material I use must be easily wielded to keep pace. Incidentally," he added, "Certified Impression Compound suits me perfectly."

Certified Impression Compound is the choice of many dentists. To get the finest compound available today, ask for Lee Smith Certified Impression Compound—and when you use it, note its smooth texture, minimum kneading time, easy moldability, excellent flaming and trimming qualities, and wide-range versatility.

Certified Impression Compound is available in convenient cakes, over one-half pound to the box—or in tracing stick form, 15 sticks to the box. Certified to surpass A.D.A. Specification No. 3.

Special Offer. Don't miss the "14-for-12" Compound Offer currently in effect. Get 14 boxes for the price of 12! Phone your dealer NOW for *your* offer.

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MORE AND MORE dentists throughout the country are using Astring-O-Sol at the chair . . . and recommending it to their patients.

Originated by a dentist, Astring-O-Sol is a highly concentrated, astringent mouth wash for cleansing and stimulating oral tissues. At full strength it is a germicide . . . useful for minor surface cuts.

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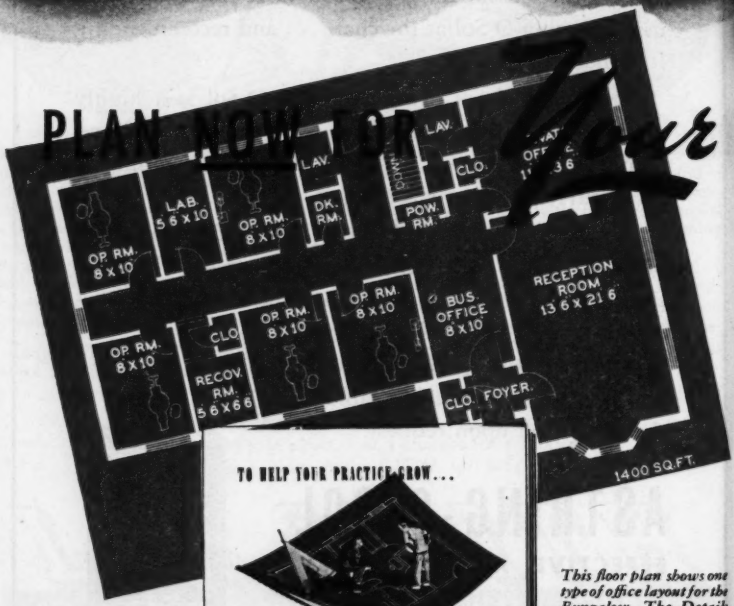
ASTRING-O-SOL

EFFECTIVE MOUTH WASH

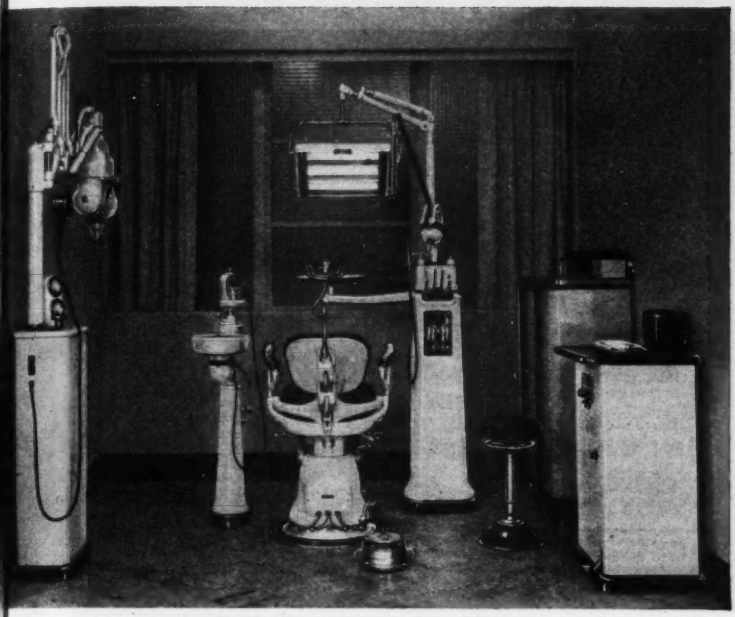
Frederick Stearns & Company, *Division*
Detroit, Michigan

This attractive Bungalow Dental Office is one of many shown in the new Ritter Planning Book.





This floor plan shows one type of office layout for the Bungalow. The Details are discussed on page 11 of this Planning Book.



NEW DENTAL OFFICE!

While you are waiting for improvement in the delivery of materials and equipment, ask your dealer's salesman about having the Ritter Office Planning Department prepare a plan to meet your requirements. You may want to re-design your present floor space or move to a new location. Perhaps you are considering a Bungalow Dental Studio like the one shown here.

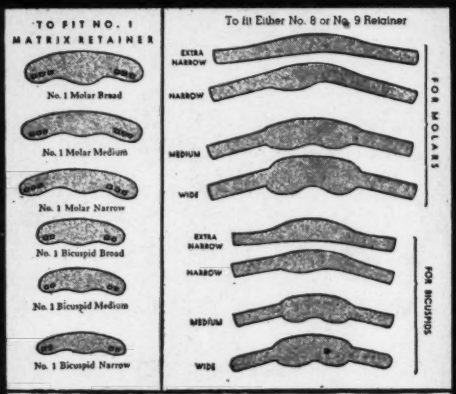
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KARB-O-DENT may be used in ANTERIOR teeth under silicate fillings as well as in Posterior teeth because it does not discolor! Fast-setting under moisture and slow-setting on the slab. Sets HARDER in the mouth. Thymolized Oxy-Eugenol Cement that assures maximum protection. Large package only $2.00. Order today.

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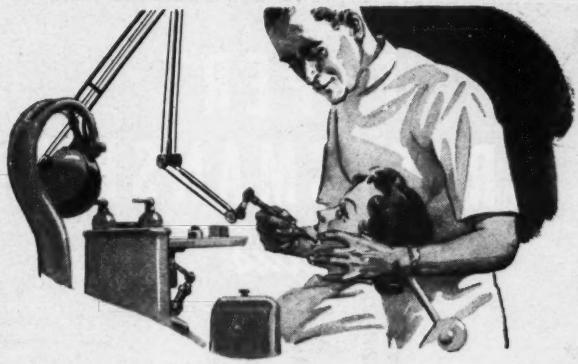
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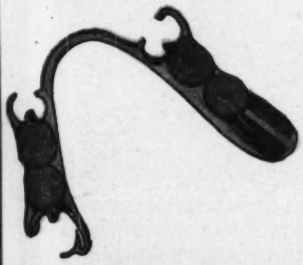


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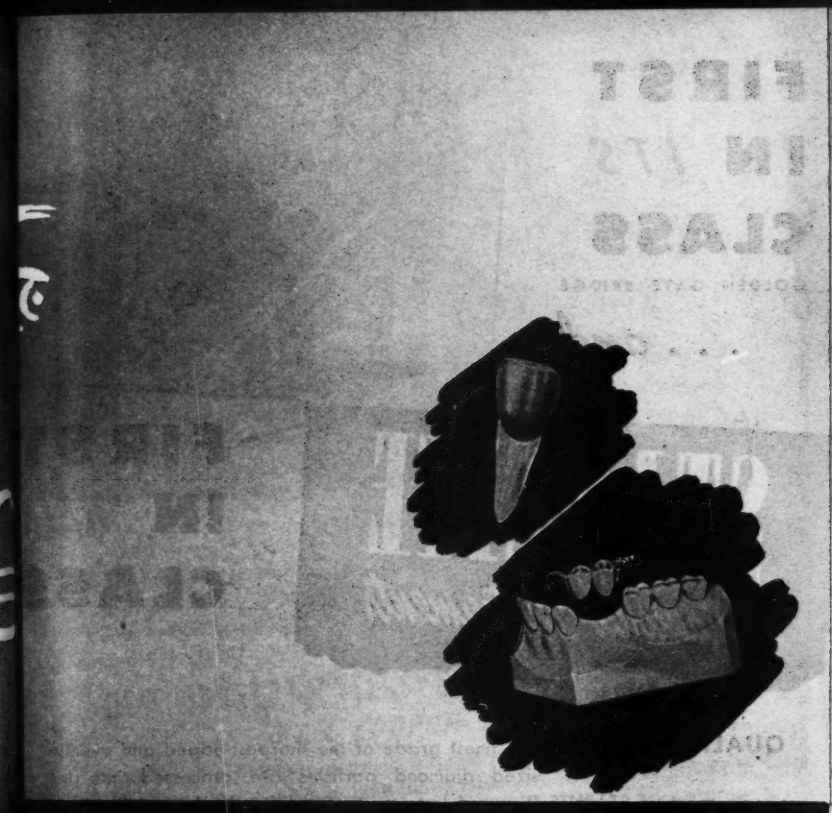
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So natural-looking are restorations with America's pioneer enameloid acrylic — ACRALAIN — that patients are thrilled with the results. The combination of your skill, the perfect blending made possible with ACRALAIN and the exclusive Acralain pressure injection technique* make for the very finest of restorations . . . jacket crowns, inlays, veneer facings, pontics, etc., etc.

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The HOLLOW CONE comes in three sizes (see illustration) and three variations in the application of the abrasive. Starlite # 41 is diamond-imbedded on both the outside and inside, # 42 is safe on the inside and # 43 is safe on the outside.

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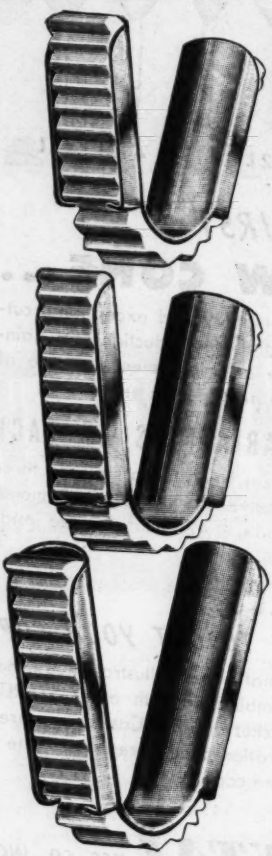
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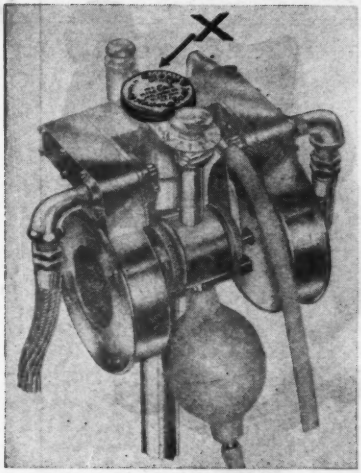
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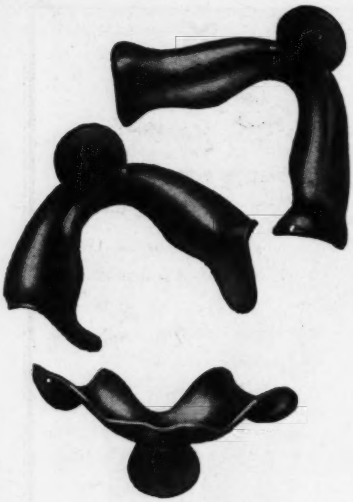
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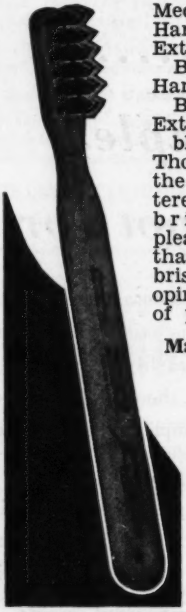
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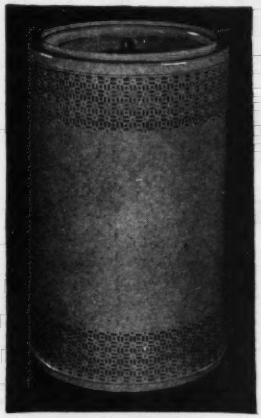
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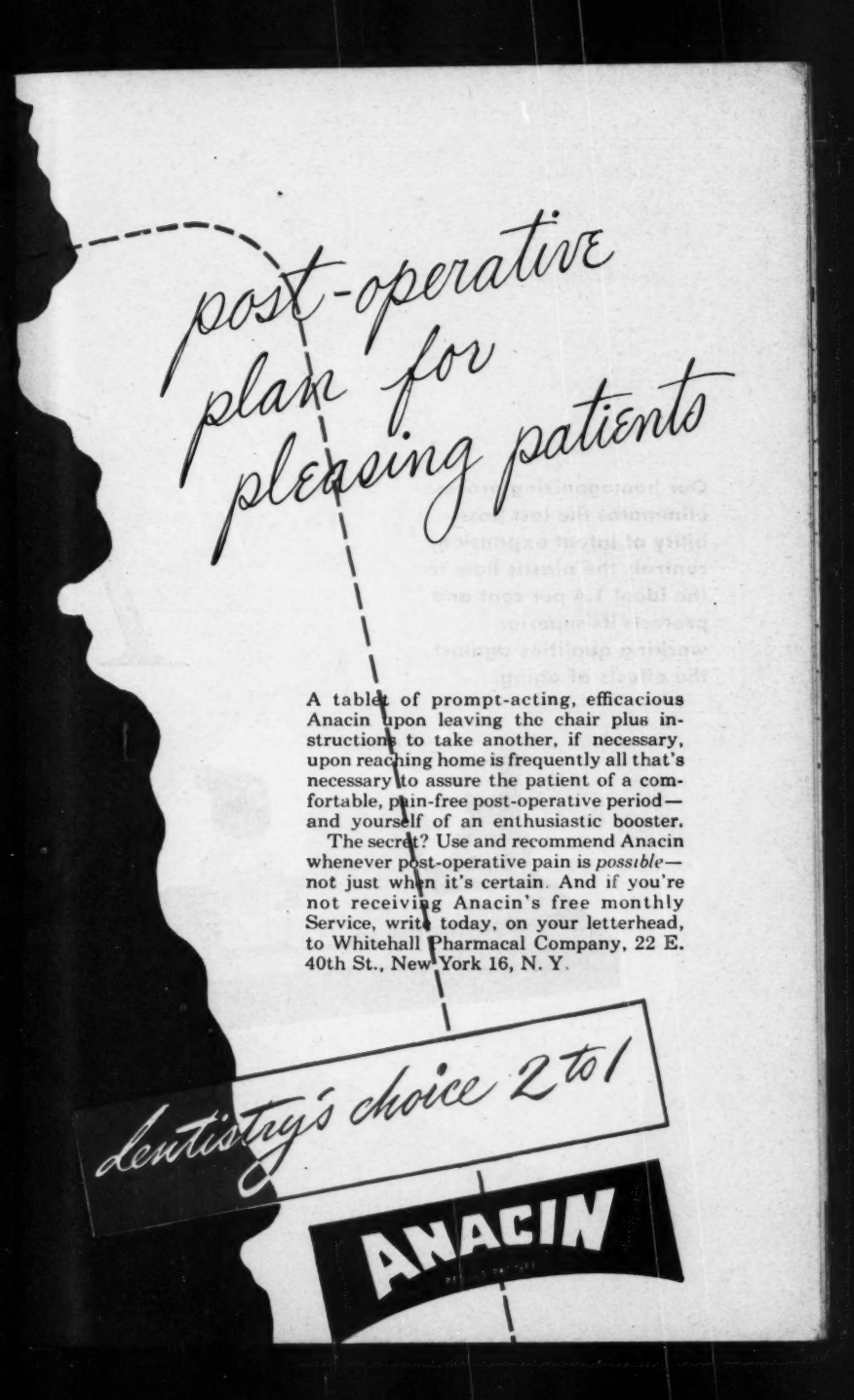
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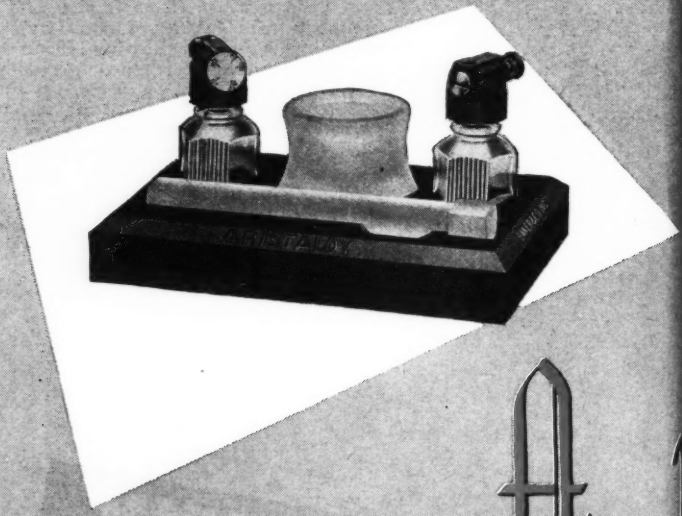
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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

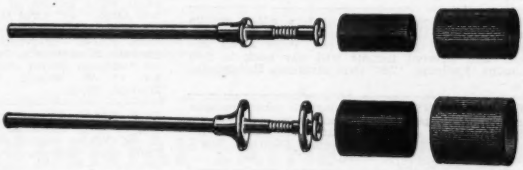
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

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SAVES TIME AND TROUBLE... PERFORMS MINOR DENTURE ADJUSTMENTS AT THE CHAIR



PRICES

Complete Set, 70c

Two arbors, four rubber chucks, three each of No. 60 and 80 ¼-in. diameter bands and three each of No. 60 and 80 ⅜-in. diameter bands.

Separate Parts

Box of 100 Bands $1.25
Box of 50 Bands. 75c
4 Rubbers..... 25c
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Use this set to avoid sending dentures back to the laboratory and bringing patients in for extra visits. Ideal for the dressing and general fitting of clasps in all metals, dentures, lingual bar work, etc. The rubber that holds the bands acts as a cushion in grinding, adding flexibility that increases effectiveness. The tightening of the screw into the arbor expands the rubber chuck, thus strengthening the grip of the band. Bands can be slipped on or off the chuck in a few seconds.

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DENTIST WANTED: With New York state license. Capable of taking good impressions and bites. State age. "52" Oral Hygiene, Pittsburgh, Pa.

DENTIST WANTED: California license, good opportunity and excellent salary. Office in Los Angeles. Must be reliable, sober, and all-around operator. State full qualifications; permanent position. "35" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Retiring. Long-established practice eighteen miles from Columbus, Ohio. Large waiting room, two operating rooms complete with units and x-ray. Dental nurse will consider reemployment by purchaser. Priced less than one month's gross receipts. "37" Oral Hygiene, Pittsburgh, Pa.

ONLY DENTIST in central New York state village of two thousand population retiring after forty years successful practice in same offices. Wishes to rent or sell office and residence and equipment if desired. "38" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Office and home combined in small Northeastern Pennsylvania town. Large drawing population. Established fourteen years. X-ray and Ritter equipment. Price $6500. "42" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Florida practice in large city, established twenty years. Good industrial and agricultural center. Three chairs, gas machine, air compressor and large fully equipped laboratory. Retiring. "43" Oral Hygiene, Pittsburgh, Pa.

DENTAL TECHNICIAN, high grade work, planning to open laboratory, desires connection with group of dentists in California or Eastern state. "44" Oral Hygiene, Pittsburgh, Pa.

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FOR SALE: Reasonable, unopposed, completely equipped office, two dental chairs, working equipment, laboratory, established practice. Five-room second floor suite could be adapted for combined living quarters and office. Located in thriving community North central Iowa. Sale due to death. Ideal opportunity for enterprising young dentist. Address: Mrs. A. F. Bronson, Nora Springs, Iowa.

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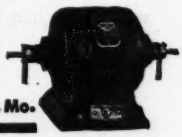
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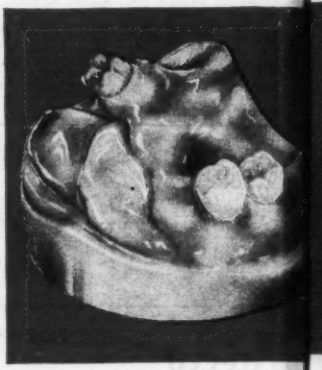
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CASE HISTORY IN GOLD*

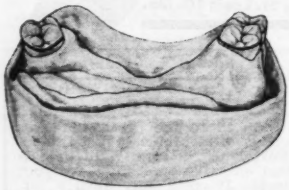
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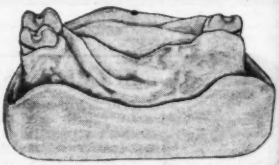
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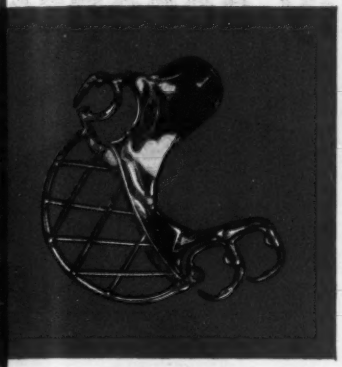
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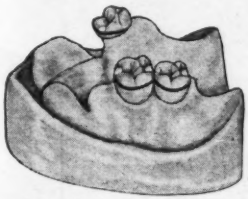
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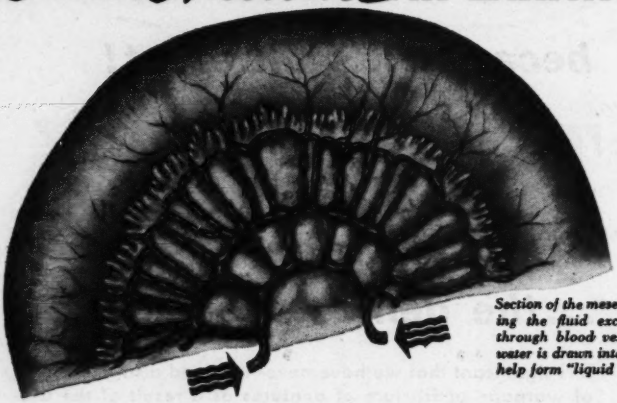
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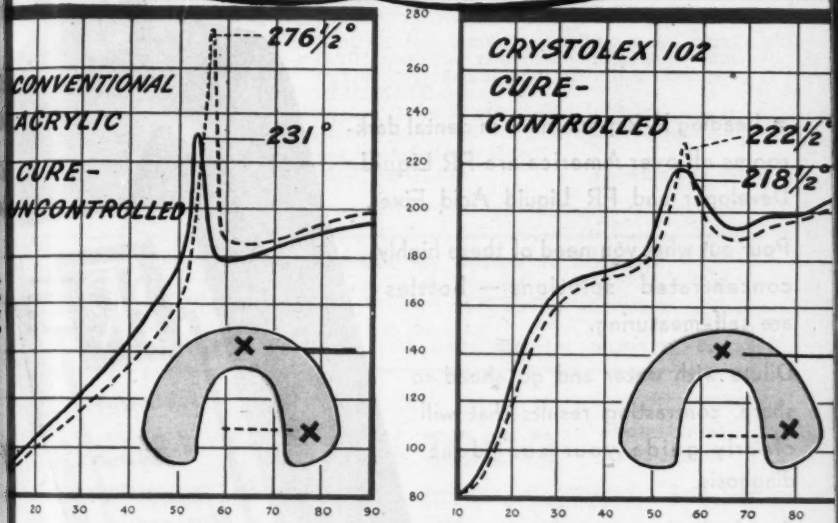
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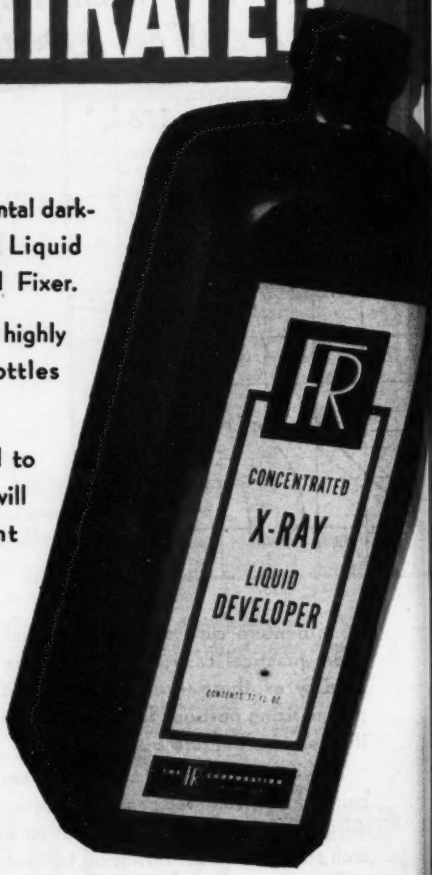
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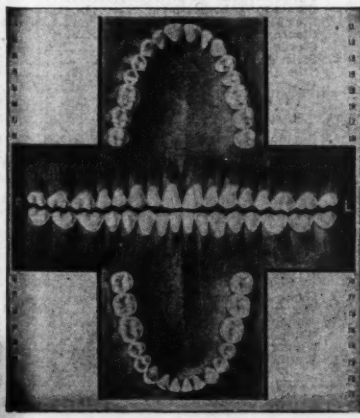
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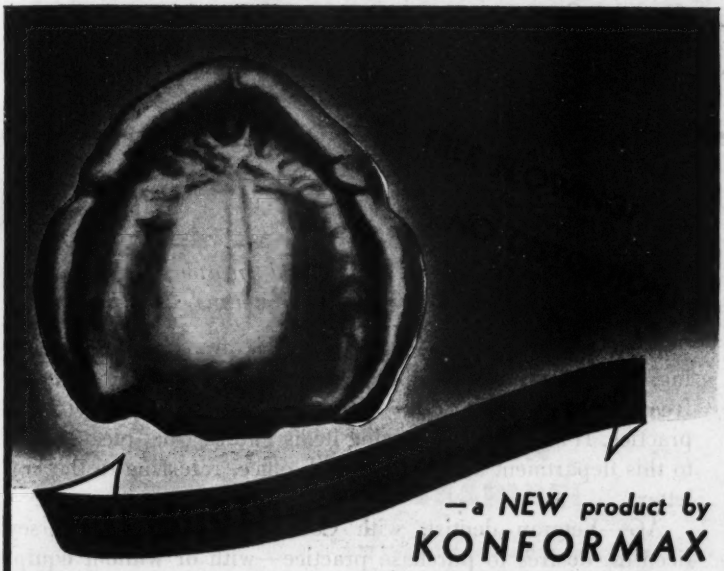
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The Publisher's Corner

By Mass **Number 298**

(*Mass is on a long-delayed, well-earned vacation, so the* CORNER *this month is being confined to the Veterans' Clearinghouse.*)

For the past several months, ORAL HYGIENE has been printing, in the regular want ad department and here in the CORNER, free advertisements to aid veteran dentists returning to civilian practice. If any of the following items interest you, please write to this department at the Pittsburgh office, referring to the key letter:

AG—Veteran dentist, with Connecticut and New Jersey licenses, desires to purchase practice—with or without equipment.

AH—Young veteran, licensed in Massachusetts, Connecticut, and Rhode Island, wants to purchase office and laboratory equipment, or a dental practice, or would welcome association or position with ethical practitioner.

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AJ—Senior veteran Army officer of mature age and experience desires position, not necessarily practicing. Experienced diagnostition and administrator, as well as operator. He has a Michigan license.

AK—Returning veteran wishes to become associated with dentist, or to purchase established practice in New York City or in small community in the state. He has had eight years' experience in private practice in New York City prior to three years in the Army Air Corps.



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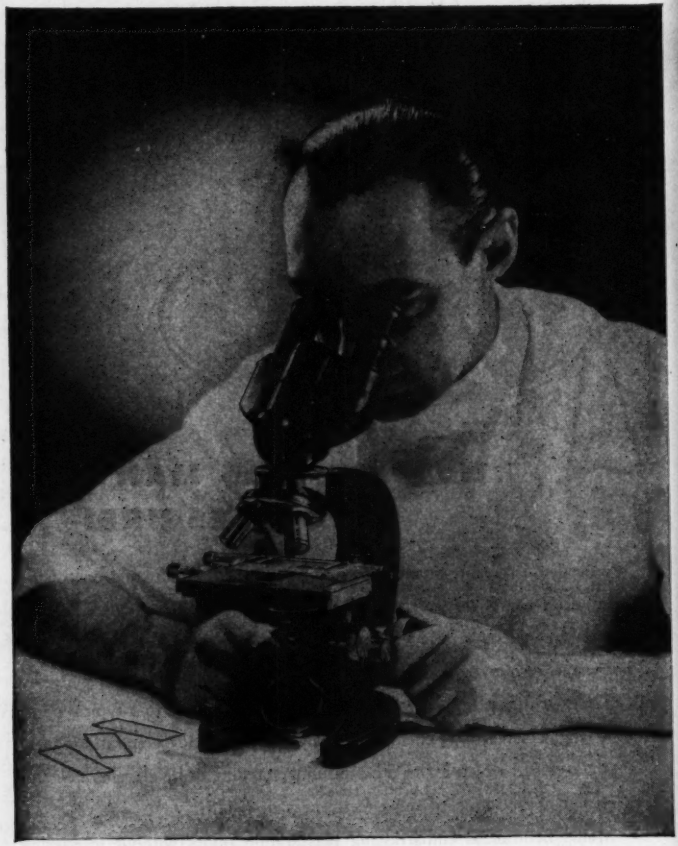
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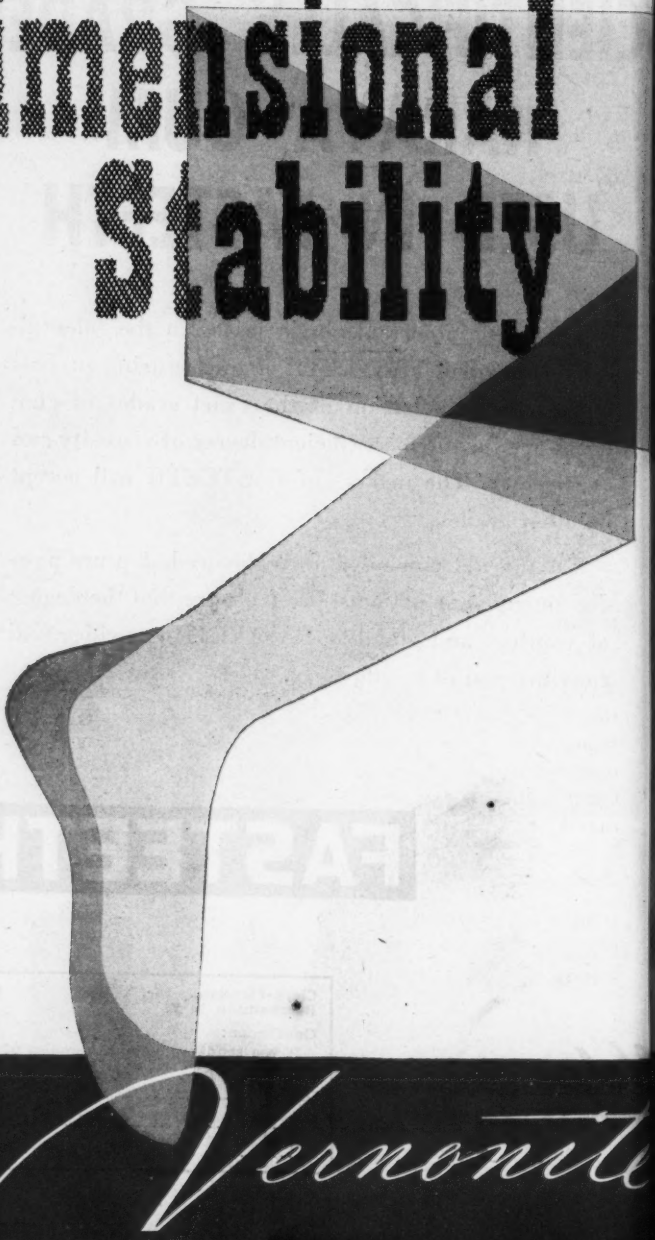
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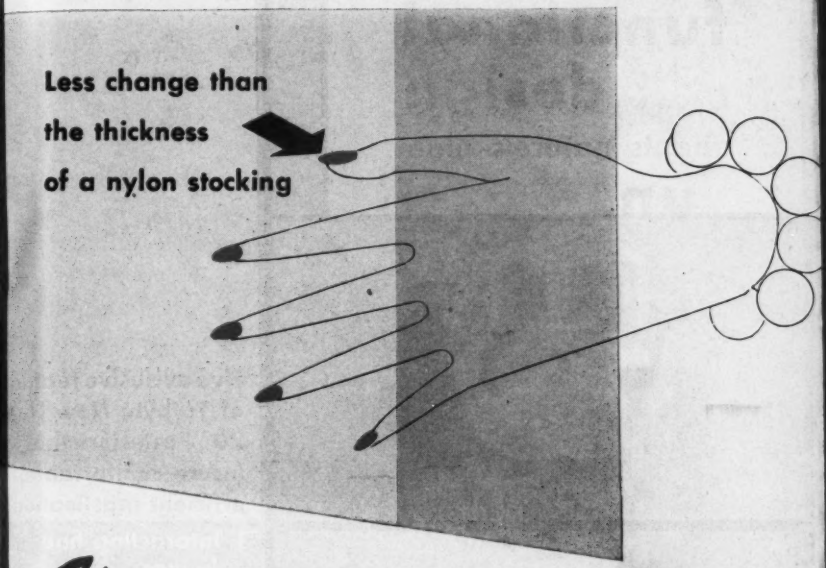
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Dimensional Stability



Vernonite



You can depend upon a properly constructed Vernonite denture to maintain its accuracy—and therefore its comfort to your patient—over a long period of years.

Vernonite has a high degree of dimensional stability. Scientific investigations and measurements taken after years of service in the mouth show that when stabilized in regard to moisture, a Vernonite denture remains accurate to within about 0.1% linearly. When you consider the average span of a denture is about 50 mm, this means that the actual change in Vernonite, while being worn in the mouth, *is less than the thickness of the sheerest nylon stocking.* In fact, this change is so infinitesimal that you can't see it without a microscope.

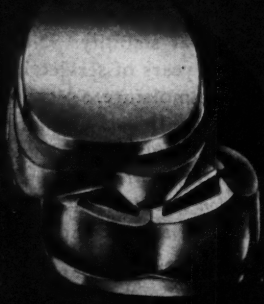
Lasting functional perfection and true comfort is the result when you prescribe "Vernonite." Assure your patient's satisfaction by accepting no substitute.

VERNON-BENSHOFF COMPANY
P. O. BOX 1587 • PITTSBURGH 30, PENNA.

functional design

adapts nature's plan



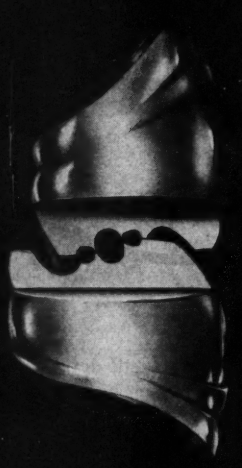


Five exclusive featur of Trubyte New Hu 20° Posteriors that insure comfortable, efficient masticatio

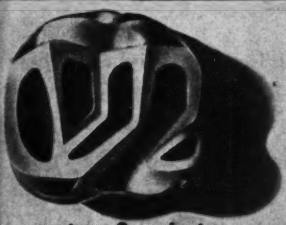
1. Interacting fine knives
2. Ample food tabl
3. Adequate clearance ways
4. Narrow occlusal contact
5. Relatively low cus

In central occlusion, the low cusps and the sulci of Trubyte New Hue 20° Posteriors are so opposed that there is ample clearance for the masticated food.

The narrow occlusal contact of Trubyte New Hue 20° posteriors reduces the force required to crush and shear food; and thus increases the effectiveness of the teeth in mastication. The reduction of force minimizes pressure on the underlying ridge and adds to the patient's comfort with dentures.



Narrow occlusal contact



Interacting fine knives

Nature's basic principles for comfortable, efficient mastication have been incorporated with full recognition of edentulous requirements in Trubyte New Hue 20° Posteriors. Use any technic you prefer, their efficiency is always maintained.

TRUBYTE NEW HUE 20° POSTERIORS

S.S.WHITE

FOR PLEASI

Dentur

Hard, dense, smooth texture; life-like, permanent coloring blends with oral surroundings; more than enough strength for all denture purposes; contains no plasticizer; will not warp; easily processed by established techniques; complies with A. D. A. Specification No. 12.

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Test the merits of S. S. White Denture Acrylic and Separating Film. There is a generous portion of each in the New User Package. The Trial Unit Denture Acrylic is sufficient for one full upper or one full lower. If, after using the Trial Unit you are not entirely satisfied, and desire to do so, you can return the remaining Ten Units for full credit, provided they are returned in the original sealed package. No charge will be made for the Trial Unit Denture Acrylic or Separating Film.

Phone your dealer for a New User Package today



S.S.WHITE **SEPARATING FILM**

RACTICAL AND DURABLE DENTURES

Acrylic

NEW USER PACKAGE



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10 Units Denture Acrylic
1 Trial Unit Denture Acrylic
1 Trial Bottle Separating Film

PACKAGE NO. 1 PINK
PACKAGE NO. 2 CLEAR

Prices

1 New User Package	$14.00
3 New User Packages, each	13.00
6 New User Packages, each	12.00

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QUALITY plus UNIFORMITY

QUALITY begins with the raw materials. • ***UNIFORMITY*** is achieved through precision manufacturing. • CO-RE-GA is sulfite and formaldehyde free and can be sterilized.

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Controlled Setting Time

- Mix is smooth, creamy, non-granular.
- Solves hot-weather mixing problems.
- Setting time is positively controlled, regardless of temperature.
- Allows 30 seconds to complete mix.
- Impression set in next 4 minutes.
- Finished impression can be added to or re-softened over a flame.
- Not sticky. Just wipe off with towel.
- For use with pressure or non-pressure techniques.
- Economical . . . more material per package.

1 pkg., $3.00 6 pkgs., $2.70 ea.



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Free From Burn

- New simplified procedure.
- Less than 5 minutes chair time.
- Re-line case and insert denture.
- Dismiss patient immediately.
- No processing. Ready to use.
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protects your every purchase. It entitles you to use any GETZ-400 product on several applications with the privilege of returning unused portion for full credit refund of original purchase price.

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Schematic section of villi showing fluid exchange system through blood vessels whereby water is drawn into the bowel to help form "liquid bulk."

SAL HEPATICA'S Liquid Bulk creates *Gentle* but Effective *Pressure*

For gentle yet speedy relief for constipated patients, more and more dentists turn to SAL HEPATICA.

An effervescent, saline laxative, SAL HEPATICA has achieved an enviable position because it follows nature's own methods, utilizes the gentle pressure of "liquid bulk" to stimulate peristalsis.

When SAL HEPATICA is administered, a large amount of water is retained in the intestinal tract. This exerts a gentle pressure which leads to a speedy expulsion of the colonic contents . . . usually within an hour.

For quick relief for constipated patients, remember SAL HEPATICA.

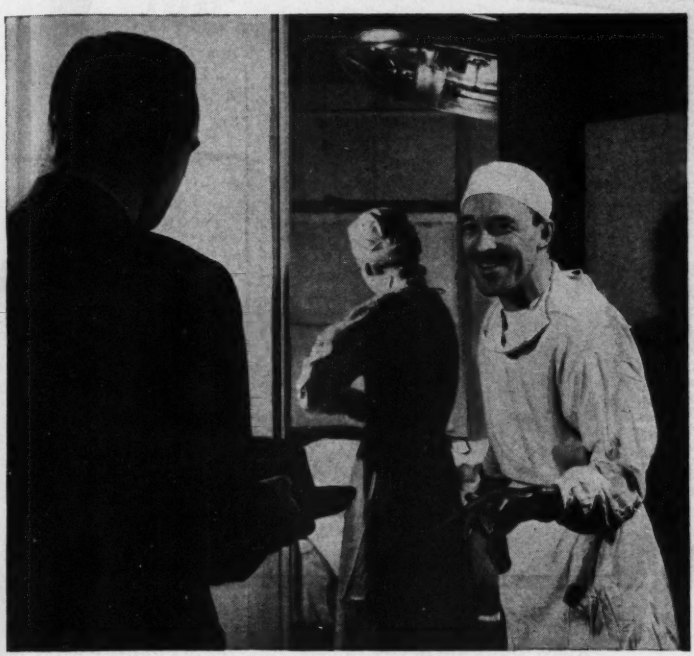
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GENTLE PRESSURE FOR GENTLE YET THOROUGH LAXATION





"It's a Boy!"

—and his life expectancy is brighter, and longer by 15 years —thanks to medicine's "men in white"

● Cold figures . . . with a warm, wonderful significance. Yes, the figures on increased life expectancy tell as much as a five-foot shelf of volumes on the amazing strides modern medical science has made in protecting and prolonging human life.



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Electric Shocking is NOT *Testing Tooth Vitality*



The practitioner who is still depending upon the use of an electric shocking device to determine tooth vitality has failed to keep progress with the advance of science.

In one of America's greatest Universities researchers uncovered the advantages of high frequency energy as opposed to so called ordinary electricity. By the proper use of **high frequency energy** the terror of the "electric shock" can be entirely eliminated.

Electric shocking devices for determining tooth vitality are inaccurate, unscientific, unreliable and even in some cases dangerous to use, and are further reasons why the modern practitioner should employ that which modern science has evolved and made practical, safe and reliable.

Only Burton's High Frequency Capacity Tube Vitalometer, as contained in Burton Diagnostic Sets, provides this scientific diagnostic means.

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ORAL SULFONAMIDE CONCENTRATION IN ORAL INFECTIONS

COMBINING MAXIMUM EFFECTIVENESS WITH MAXIMUM SAFETY

White's Sulfathiazole Gum provides a new and most effective means of *local* sulfonamide treatment for oral infections.

White's SULFATHIAZOLE GUM

chewed for one-half to one hour—promptly institutes a very high *local* concentration of active sulfathiazole (averaging 70 mg. per cent)—which is sustained in *prolonged* contact with all oral and pharyngeal areas—yet does *not* produce any elevation in *blood levels* adequate to suggest likelihood of untoward systemic reactions, (elevation rarely even reaches 0.5 to 1 mg. per cent).

INDICATIONS: Sulfonamide-susceptible stomatitis and gingivitis, including acute Vincent's disease;' preoperatively and post operatively to prevent and treat dental sepsis; correction of fetor oris due to oral sepsis.

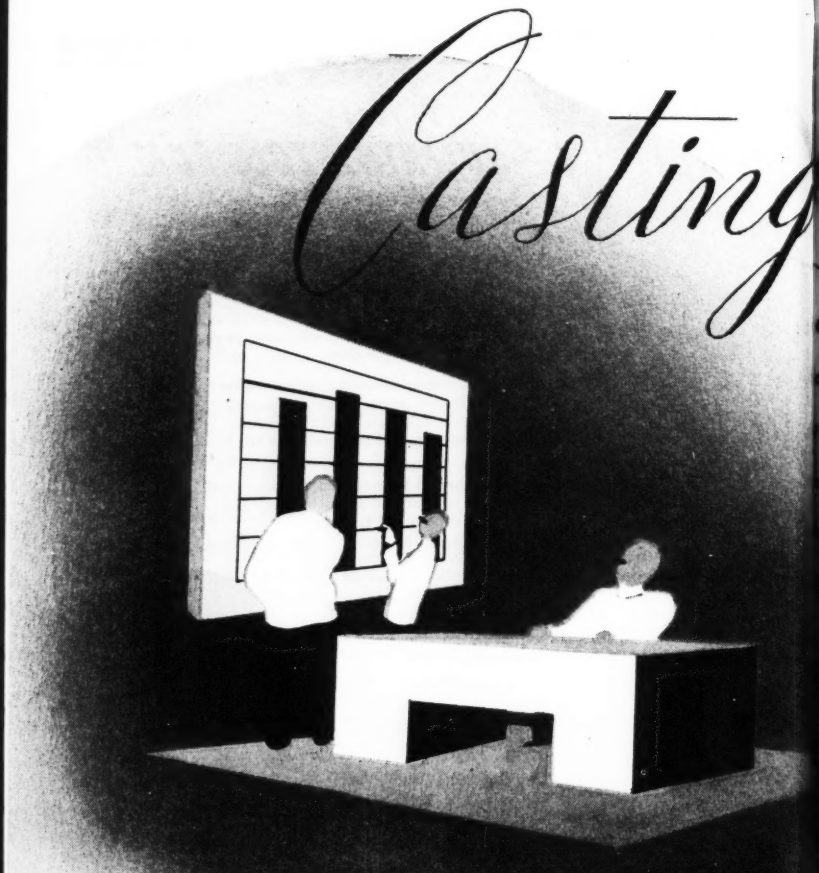
DOSAGE: One tablet chewed for one-half to one hour at intervals of one to four hours depending upon the severity of the condition. If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

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can be certain of all desirable physical properties . . .
superlative casting qualities . . . of all possible
advantages that the most modern equipment
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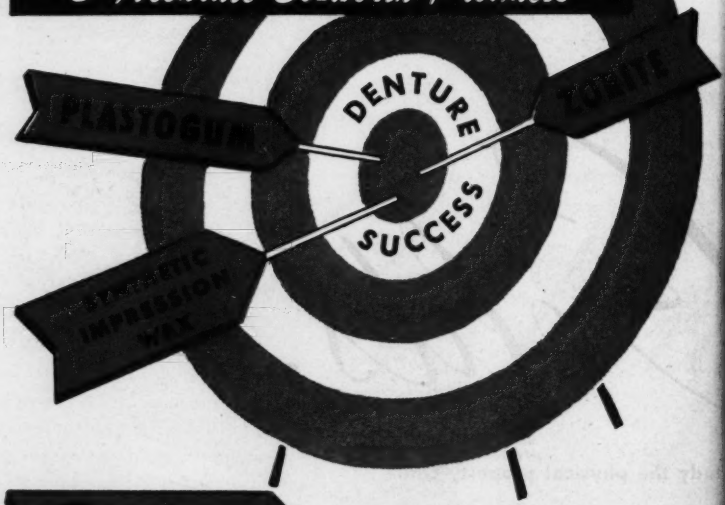
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Plastogum for *exact* registration of the finest detail. Mixed with water, Plastogum has a putty-like consistency. The setting time is controlled to assure best possible results in muscle trimming. May be used with full compound and in full plaster technique; also in final impression with patient biting into centric occlusion. Highly recommended for Dr. McGrane procedure.

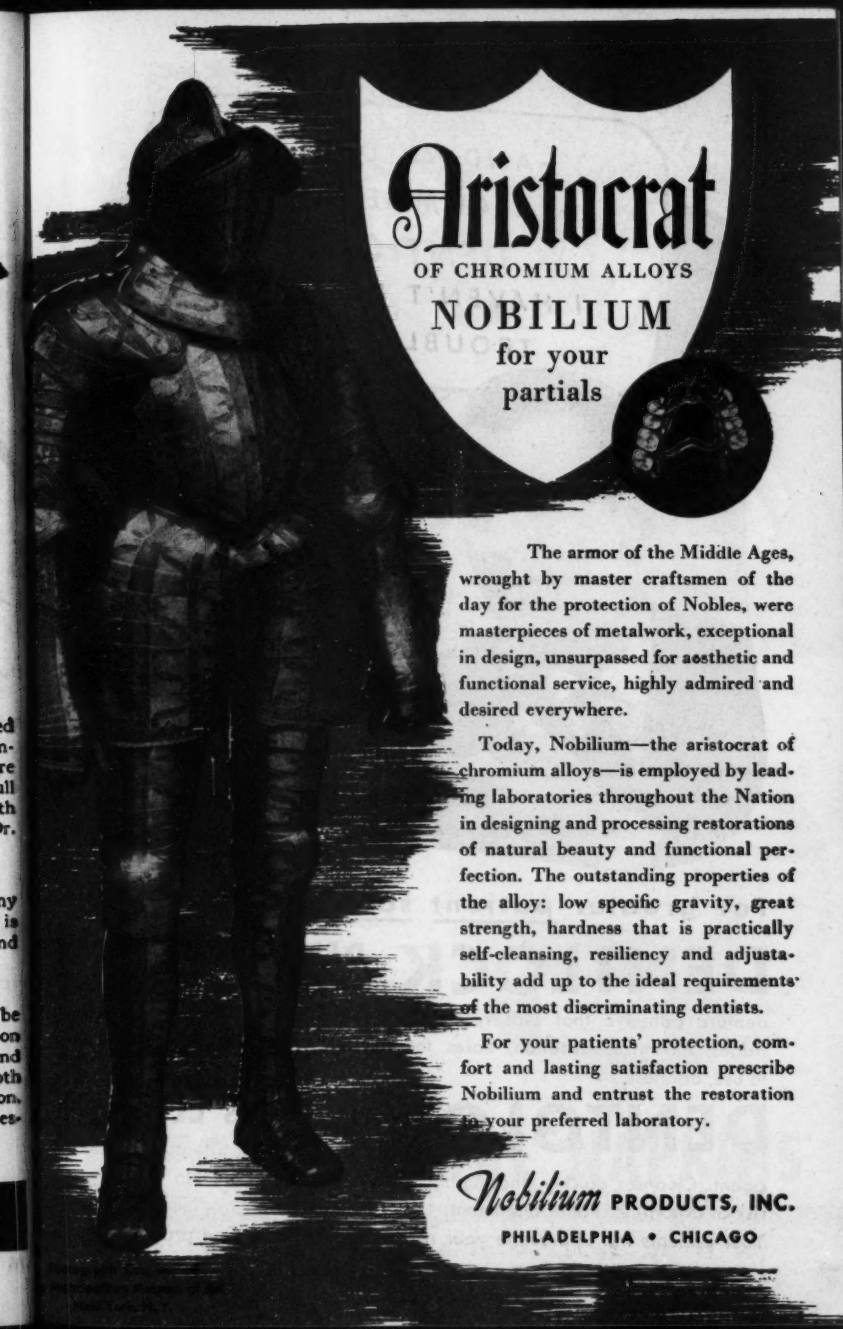
Zorite — a bland resinous impression cement with many uses. Zorite is ideal for securing corrective wash. It is particularly excellent for the difficult lower and mucostatic impressions.

Synthetic Impression Wax It may be painted on compound or baseplate trays as a corrective wash. Provides rounded, smooth and full functioning peripherals and post-dam without overtension. Accurately registers hard or soft areas. Has great flow under pressure and automatically relieves hard areas.

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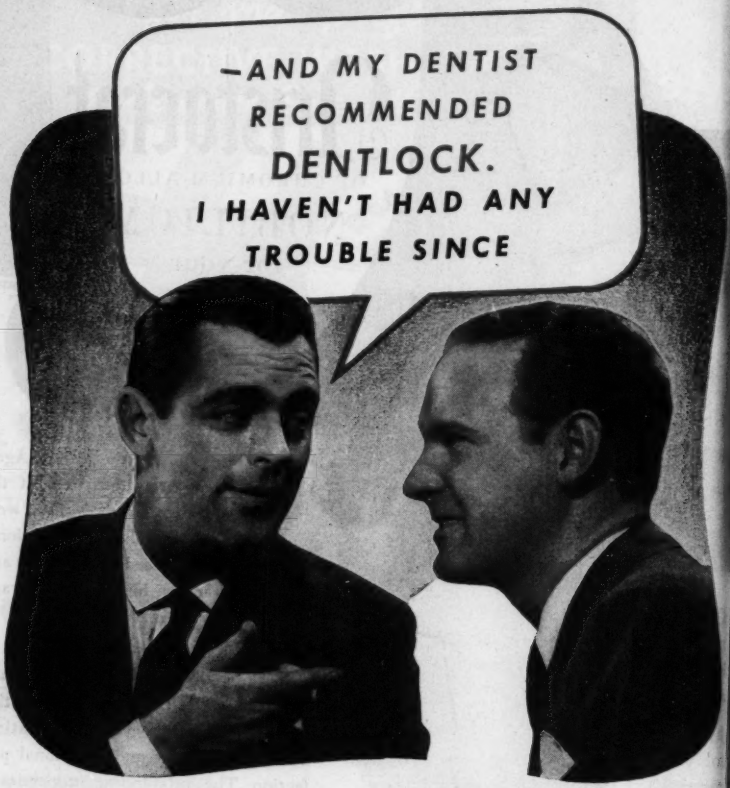
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